**MABALACAT CITY COLLEGE**

**Rizal St., Mabalacat City, Pampanga**

**OFFICE OF THE COLLEGE REGISTRAR**

**SHIFTING OF COURSE/PROGRAM**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Reason/s for Shifting: (Check one or more)*

 *\_\_\_\_\_\_\_ failure to pass screening procedure*

 *\_\_\_\_\_\_\_ change of interest*

 *\_\_\_\_\_\_\_ financial difficulty*

 *\_\_\_\_\_\_\_ poor academic performance*

 *\_\_\_\_\_\_\_ employability*

 *\_\_\_\_\_\_\_ parents/guardian’s decision*

 *\_\_\_\_\_\_\_ others (please specify below)*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***“By signing this form, I give my consent to the collection, use, disclosure and processing of my personal and/or sensitive information.”***

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Signature of Student*

*Parent’s/Guardian’s Consent:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature over Printed Name Date*

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*\*(Action taken) Dean of the Current Program*

*Remarks:*

 *\_\_\_\_\_\_\_\_Approved*

*\_\_\_\_\_\_\_\_Disapproved*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature over Printed Name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date*

*++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++*

*\*(Action taken) Dean of the New Program*

*Remarks:*

 *\_\_\_\_\_\_Accepted*

 *\_\_\_\_\_\_Not accepted*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature over Printed Name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date*

*Noted:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 ***College Registrar***

***MCC Reg. Form No. 03***