

	Republic of the Philippines <b>BULACAN AGRICULTURAL STATE COLLEGE</b> Pinaod, San Ildefonso, Bulacan 3010	Document No.: QRDI-COP-REGR06-001
	<b>APPLICATION FOR SHIFTING COURSE FORM</b>	Rev. No.: 00
		Effectivity Date: 07/08/2021

<b>Semester:</b>	<b>Application Date :</b>
<b>Academic Year:</b>	
<b>Reason for Shifting Course*:</b>	
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<b>From: (Current Course)</b>	<b>To: (New Course)</b>
<b>Noted by:</b>	<b>Approved by:</b>
<hr/> <i>Dean of the Current Institute, Date</i>	<hr/> <i>Dean of the New Institute, Date</i>

Student's Name: \_\_\_\_\_  
 Student No.: \_\_\_\_\_  
 Course: \_\_\_\_\_  
 Year & Section: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_

**Received by:**

\_\_\_\_\_  
 Registrar-in-charge of the Course

<p><b>Reminders:</b></p> <p>*The maximum residency rule state that a student must finish the requirements equivalent to a maximum of one and one-half of the normal length prescribed for the course; otherwise he may not be allowed to enroll in the same course.</p> <p>*No student shall graduate from the College unless he has completed at least one (1) year (two regular subsequent semester) of residence work immediately prior to graduation.</p> <p>**This form should be submitted to the Registrar's Office.</p> <p style="text-align: center;"><input type="radio"/> I understand.</p> <hr/> <p style="text-align: center;">Student's Name/Signature/Date</p>
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