



Republic of the Philippines
University of Southeastern Philippines
College of Arts and Sciences
Obrero, Davao City



SHIFT FORM

_____ Date

Dean
College of _____
This University

Sir/Madam:

This is to allow Mr / Ms _____ to shift from

_____ to _____.

Thank you very much.

Very truly yours,

DR. ANA P. OCENAR
Dean, CAS