University of Southeastern Philippines
College of Arts and Sciences

SHIFT FORM

_____
Date

_____
Program Head

Sir/Madam:

This is to allow Mr / Ms _____ to shift from

_____ to _____.

Thank you very much.

Very truly yours,

_____
Chairperson, _____Department

Noted by:

_____
Dean, CAS

SOCOTEC
ISO 9001