

LYCEUM OF THE PHILIPPINES UNIVERSITY
Cavite Campus

REGISTRAR'S OFFICE

PERMIT TO SHIFT PROGRAM

Name: _____
 Student No.: _____
 Shifting From: _____
 (Former Course)
 To: _____
 (Intended Course)

Reason/s for Shifting: _____

By affixing my signature on this form, I hereby acknowledge and certify that I have carefully read and understood the terms and conditions of the Data Privacy Policy of the Lyceum of the Philippines University (LPU). By providing personal information to LPU, I am confirming that the data is true and correct. I understand that LPU reserves the right to revise any decision made on the basis of information I provided should the information be found to be untrue or incorrect. I likewise agree that any issue that may arise in connection with the processing of my personal information will be settled amicably with LPU before resorting to appropriate arbitration or court proceedings within the Philippine jurisdiction. Finally, I am providing my voluntary consent and authorization to LPU and its duly authorized representatives to lawfully process my / my child's data information.

 Student's Signature Over Printed Name

Action of the Guidance Office

Qualified for the new course/program

 Guidance Director Date

Action of the College

Admitted
 Not Admitted. Remarks: _____

 Dean Date

Action of the Accepting College

Admitted
 Not Admitted. Remarks: _____

 Dean Date

Action of the University Registrar

Permit Granted Effective
 1st Semester 2nd Semester Special Term
 AY 20 ____ - 20 ____

 University Registrar / Date

Shifting effected in the school system

By: _____

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