



Issue Status	Rev No.	Effective Date	Page No.
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SHIFTEE REFERRAL SLIP

Date: _____
Student's Name: _____
Course and Year: _____
Contact No.: _____
Email Address: _____
Preferred Shifting Program: _____

Reason for Shifting (Please Check):
 Voluntary
 Advised to Shift to another Program

Referred by:

PROGRAM HEAD/PROGRAM COORDINATOR

RECOMMENDATION SLIP FOR SHIFTEE

Date: _____
Student's Name: _____
Course and Year: _____
Contact No.: _____
Email Address: _____
Preferred Shifting Program: _____

Recommendation:
 Recommended to transfer
 Need further conference

Others (Please Specify)

SCHOOL COUNSELOR