



Republic of the Philippines
CAGAYAN STATE UNIVERSITY

Carig, Tuguegarao City, Cagayan
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 Ph: (078)846-7470 loc. 231; (078)844-0102

OFFICE OF THE UNIVERSITY REGISTRAR

SHIFTING PERMIT

_____ Date

The Dean
 College of _____

Sir/Madam:

I am applying to shift from the course _____
 course _____ starting this _____
 SY 200 ____ - 200 ____ for the reason stated below:

1. _____
2. _____

Very truly yours,

 Student's Name and Signature

 Student Number

For the Sending/Mother College:

Recommending Approval:

 Program Chair

Approved:

 Dean

For the Receiving College:

Admitted In:

Course: _____

College: _____

Recommending Approval:

 Program Chair

Approved:

 Dean

 University Registrar