



Republic of the Philippines  
TARLAC STATE UNIVERSITY  
**REGISTRATION OFFICE**  
ADMISSION UNIT

**APPLICATION FORM FOR SHIFTER**

( 1st / 2nd / Summer ) SEMESTER/ACADEMIC YEAR \_\_\_\_\_

DEAN: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

This University

\_\_\_\_\_ Date

Dear Sir/Madam:

I, Mr. / Ms. \_\_\_\_\_ hereby apply as  
(Last, First, Middle Name)

\_\_\_\_\_ in your College, preferably in the Course \_\_\_\_\_  
(APPLICANT TYPE) (COURSE APPLIED FOR)

Attached herewith are the pertinent documents for your consideration and approval.

\_\_\_\_\_  
APPLICANT SIGNATURE OVER PRINTED NAME)

ACTION TAKEN:

APPROVED

DISAPPROVED

FOR RELEASE:

FOR ACCEPTANCE:

\_\_\_\_\_  
Dean (Current Course)

\_\_\_\_\_  
Dean (New Course Applied for)

Form No.: TSU-REG-SF-04

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Effectivity Date: June 20, 2016

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