



TARLAC STATE UNIVERSITY
OFFICE OF ADMISSION AND REGISTRATION
ADMISSION UNIT
Tarlac City, Philippines

APPLICATION FORM FOR SHIFTER

(1st / 2nd / Midyear) **SEMESTER** / (3rd) **TRIMESTER** / **ACADEMIC YEAR** _____

DEAN: _____

COLLEGE: _____

This University

_____ **Date**

Dear Sir/Madam:

I, Mr. / Ms. _____ hereby apply as
(Last Name, First Name, 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-OAR-SF-13

Revision No.: 00

Effectivity Date: January 31, 2024

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