UNIVERSITY OF THE PHILIPPINES MANILA

PERMIT TO TRANSFER FROM ONE CU TO ANOTHER

The University Registrar
Campus _____

This is to inform you that our college/unit has no objection to the transfer of the student named below effective first/second semester _____.

Name _____
LAST FIRST MIDDLE

Student No. _____ College _____ Current Course _____
Applying for transfer to:

_____ Campus
_____ College
_____ Program

Original Admission (Sem/Yr.) _____ Last Enrollment (Sem/Yr)_____

[ ] regular

[ ] with contract; specify conditions
_____
_____
_____

[ ] other remarks
_____
_____
_____

No. of academic units passed as of last enrollment_____

Scholastic standing as of last enrollment:

- ☐ Good Standing
- ☐ Warning
- ☐ Probation
- ☐ Dismissed
- ☐ Others _____

_____
Signature Over Printed Name of Department Chair
_____
Date

_____
Signature Over Printed Name of Dean/College Secretary
_____
Date

_____
Signature Over Printed Name of University Registrar/Manila
_____
Date

Documents Submitted:

- ☐ College clearance
- ☐ True copy of grades (TCG)