



**METROPOLITAN MEDICAL CENTER  
COLLEGE OF ARTS, SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR**

Date \_\_\_\_\_

**REQUEST TO SHIFT PROGRAM / MAJOR**

I, \_\_\_\_\_ a \_\_\_\_\_ year student of Metropolitan Medical Center College of Arts, Science and Technology (MMC-CAST) taking up \_\_\_\_\_ request permission to shift from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ Semester, S.Y. \_\_\_\_\_.

Reason/s:

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature Over Printed Name)  
Student

\_\_\_\_\_  
(Signature Over Printed Name)  
Parent / Guardian



**METROPOLITAN MEDICAL CENTER  
COLLEGE OF ARTS, SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR**

Date \_\_\_\_\_

Request to shift from \_\_\_\_\_ course to \_\_\_\_\_ is hereby granted to Mr. /Ms. /Mrs. \_\_\_\_\_ effective \_\_\_\_\_ Semester, S.Y. \_\_\_\_\_.

Recommended by:

Approved by:

**AMELIA B. FERNANDEZ, MBA**  
Registrar

\_\_\_\_\_  
College Dean