Republic of the Philippines
CAVITE STATE UNIVERSITY
Silang Campus
Biga 1, Silang, Cavite

LETTER OF INTENT

The Dean
Campus of _____
This University

Sir/Madam:

I wish to ask permission to shift to _____ program from _____ during the_____ semester of AY _____ due to the following reasons:

1._____

2._____

3._____

Hoping for your favorable action.

Very truly yours,

_____
(Signature over print name)

Date: _____

Noted:

_____
Name and Signature of Registration Adviser
(From Previous Program)

Date: _____

_____
Name & Signature of Department Registrar
Department of_____

Date: _____

Recommending Approval:

_____
Name & Signature of Department Chairperson
(For New Program)

_____
Name & Signature of Department Registrar
Department of _____

Date: _____

Approved:

Date:

_____
Campus Registrar

_____

(To be prepared in quadruplicate. Copy 1- University Registrar; Copy 2- Previous College Registrar; Copy 3- College Registrar of accepting College; and Copy 4- Student)

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