



The Institute of Management Sciences

Program Change Form

I.D. No.:

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 Date: _____

Last Name/Surname: _____ First Name: _____ Middle Name: _____

Program (present): _____ Semester: Spring ☐/Summer ☐/Fall ☐

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Total Credit Hours completed: _____ CGPA: _____

Email: _____ Contact No.: _____

Program (proposed): _____ Department: _____

State the Reason: _____

Signature: _____

(For Office use only)

(FOR OFFICE USE ONLY)

Program Coordinator: _____ **Office of the Registrar:** _____

No. of Course(s) approved for transfer: _____ Registered: Yes/No

No. of Credit Hours transferred (allowed): _____ Signature: _____ Dated: _____

Signature: _____ Dated: _____

Approval of HoD: _____ **Approval of Dean:** _____

Signature: _____ Dated: _____ Signature: _____ Dated: _____

Remarks:
