



College of Social Work and Community Development
University of the Philippines
Diliman, Quezon City

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Email add: srocsxcd@gmail.com

Form No.: **CSWCD.AD.UG-02**
SS 2016-2017 MTVT

APPLICATION FOR UNDERGRADUATE PROGRAM

Date: _____

The Chairperson
Admission and Scholarship Committee
UP CSWCD
Diliman, QC

Dear Sir/Madam:

I wish to apply for admission as a Shiftee Transferee to the **BS Community Development** program of the College of Social Work and Community Development, UP Diliman for the First Semester AY: _____. (Please check all appropriate boxes.)

I am currently enrolled in _____ (no. of units, name of degree program) at the _____ (name of College and School).

I am submitting the documents required to evaluate my application for admission.

For applicants from UP Diliman and other UP units:

1. Accomplished bio data/application form (please see attached)
2. Two (2) copies of your recent photo (2x2 in size)
3. One (1) original and photocopy of your certified True Copy of Grades (TCG) form first year to the last semester of attendance (with General Weighted Average of at least **2.25** for UPD shiftees, **2.0** for UP transferees and at least **1.75** for transferees from other schools)
4. Certification issued by the college that the applicant is not under contract to finish his/her course and that she/he is permitted to shift/transfer from the course.
5. Upon admission to the CSWCD, the applicant must submit the following: (a) Two (2) copies of permit to transfer; (b) Two (2) copies of student's clearance; (c) results of student's guidance and counseling examination from the OCG; and (d) Official Transcript of Record (TOR) for student from autonomous UP units.

For applicants from other schools:

1. Accomplished bio data/application form (please see attached)
2. Two (2) copies of your recent photo (2x2 in size)
3. One (1) original and photocopy of Official Transcript of Record (TOR) from the last school attended.
4. One (1) original and photocopy of Honorable dismissal
5. One (1) original and photocopy of NSO Birth Certificate
6. One (1) copy of College Clearance
7. Result of applicant's guidance and counseling examination from the OCG.

Name of Applicant: _____

Signature: _____

Mobile & Landline Nos: _____

Email address: _____

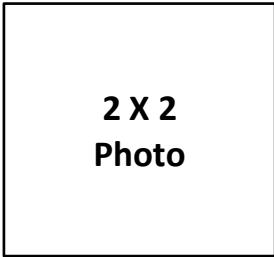


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Department of Community Development

Application # _____



BACHELOR OF SCIENCE IN COMMUNITY DEVELOPMENT
APPLICATION FOR SHIFTING/TRANSFER FOR _____ SEMESTER, AY: _____

PERSONAL INFORMATION (Use BLOCK LETTERS)

Surname		Student Number		
First name		Age	Sex	Religion
Middle name		Date of Birth	Citizenship	Country or Origin
College/School	Campus	Degree Course		Year Level
Present Address: (No., Street, Municipal/City/Province)			Mobile No.:	
			Landline No. :	
Permanent Address: (No., Street, Municipal/City/Province)			Landline No. :	
High School Attended		Year Graduated	Honors Received	
Applicant's UPCAT Choices		UP Campus	Degree Program/Course	
First Choice				
Second Choice				
Reasons for Shifting/Transfer:				
Explain your reason/s for wishing to pursue the BS Community Development degree:				

APPLICANT'S WORK EXPERIENCE, IF ANY (use additional paper if required)

Inclusive Dates	Position	Name of Employer	Nature of Work

APPLICANT'S INVOLVEMENTS IN CIVIC OR VOLUNTARY ORGANIZATIONS

Inclusive Dates	Name of Organization	Nature of Involvement

Have you ever been charged of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? YES NO

If Yes, please provide further details of the case: (use additional paper if required)

Applicant's declaration and Signature

I hereby declare that this application form has been accomplished by me and it contains true, correct and complete information.

SIGNATURE OVER PRINTED NAME
Date and Place Accomplished:

PLEASE RETURN TO:

THE STUDENT RECORDS OFFICE
 COLLEGE OF SOCIAL WORK AND COMMUNITY DEVELOPMENT
 U.P DILIMAN, QUEZON CITY 1101

DEADLINE FOR FILING APPLICATION FOR ADMISSION: _____