



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

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

Telefax No. 927-2308; 981-8500 local 4105  
 Official Website: [pages.upd.edu.ph/srocswwcd](http://pages.upd.edu.ph/srocswwcd)  
 Email add: [cswcdsro.upd@up.edu.ph](mailto:cswcdsro.upd@up.edu.ph)

**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, certificate of enrollment/certified true copy of form 5, good moral character or its equivalent.
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 PSA/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: \_\_\_\_\_

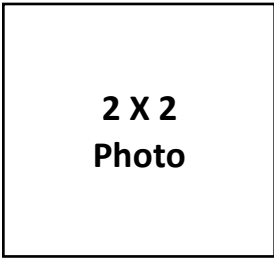


College of Social Work and Community Development  
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Form No.: **CSWCD.AD.UG-02**  
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**Department of Community Development**

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 <b>BS Community Development</b> 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: \_\_\_\_\_



University of the Philippines
College of Social Work and Community Development

APPLICATION FOR SHIFTING

Semester/Trimester, Academic Year

REQUIREMENTS FOR SHIFTING:

- Accomplished Application Form
Official Receipt of Application Fee
True Copy of Grades
Certificate of Enrollment
Certificate of No Contract
Certificate of Good Moral Character
Other documents required by the college:

- Shifting Application to another Degree Program Within the College (Shifting 1)
Shifting Application to another Degree Program from Constituent Universities (Shifting 2)

NAME (Last, First, Middle): STUDENT NO.:
CURRENT COLLEGE/SCHOOL: CURRENT DEGREE PROGRAM:
DESIRED COLLEGE/SCHOOL: DEGREE PROGRAM APPLIED FOR:
CONTACT NUMBER: EMAIL ADDRESS:

Total number of units enrolled this semester/trimester Total units passed this semester/trimester
Total number of units passed in the previous academic year (1S, 2S, MY or 1T, 2T, 3T)

Reason for shifting:

I have read the University of the Philippines' Privacy Notice for Students.

I grant my consent and recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the abovementioned Privacy Notice and applicable laws in connection with my application to shift/transfer/ be admitted as a student of UP [CU].

I likewise consent and recognize UP's authority to post online and/or in UP bulletin boards at its option my name and program in the event I qualify for admission in order for the University to comply with its Charter and uphold the principle of transparency in the admissions process.

Signature over Printed Name

Signature of Parent/Guardian over printed name if applicant is a minor

Date:

Date:

ACTION OF THE DEPARTMENT

Qualified for effective Semester/Trimester, Academic Year
(Degree Program)

Conditions (if applicable):

Refused/Denied

Remarks:

Department Chair/Director

Student signature over printed name

Date:

Noted by:

College Secretary