



SECTION TRANSFER FORM

AY / TERM		COURSE CODE		DATE	
COLLEGE		DEPARTMENT			

☐ SPLITTING ☐ BALANCING ☐ DISTRIBUTION BY MENTOR/ADVISER (FOR THESIS / PRACTICUM)

Please transfer the following students accordingly:

NO.	NAME OF STUDENT	ID NO.	SECTION		STUDENT SIGNATURE*
			FROM	TO	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

* Student signature not needed for distribution by mentor/adviser (for thesis/practicum)

REMINDERS

1. "Balancing" may be done only if the concerned sections have met the applicable minimum class size and the concerned students have expressed no objection in writing to the change in section/schedule. This must be requested not later than the end of Week 2 of the term.
2. "Splitting" may be done only if the class has reached the split size and if there is only one (1) section offered, or, in cases of more than one section, the other sections have also reached the split size. When the option to open another section is taken, the department should submit this form, containing a list of students not lower than the applicable minimum class size, to the OUR not later than the end of Week 2 of the term.
3. For "splitting" and "balancing," this form is valid only if signatures of students are complete.

REQUESTED BY

CHAIR

DATE

FOR OUR USE ONLY

☐ APPROVED

☐ DISAPPROVED

ASSOCIATE REGISTRAR

ENCODED BY

DATE