



signatures of students are complete.

SECTION TRANSFER FORM
(Valid until End of Week 2 of the Term Only)

PLEASE PRINT				Term / AY				
SY/	TERM	COURSE CODE				DATE		
COL	LEGE	DEPARTMENT						
<u></u>	SPLITTING BALANCING		N B	Y MENTOR/A	INVISER	/FOR TH	IESIS / PRACTICUM)	
	se transfer the following studen				ID FIGEI	(1 01. 1		
					SECTION		STUDENT	
NO.	NAME OF STUDENT			ID NO.	FROM TO		SIGNATURE*	
1.			\top					
2.			I					
3.								
4.			\perp					
5.			\perp					
6.			\downarrow					
7. 8.		_	+					
9.			+					
10.			+					
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12.			+					
13.			+					
14.			+					
15.			+					
* Stu	ıdent signature not needed for o	distribution by men	tor	/adviser (fo	r thesis/	practicu	ım)	
			T					
	have met the applicable minimum	REMINDERS Balancing" may be done only if the concerned sections lave met the applicable minimum class size and the concerned students have expressed no objection in			REQUESTED BY			
2.	writing to the change in section/schedule. This must be requested not later than the end of Week 2 of the term. "Splitting" may be done only if the class has reached the			CHAIR DATE				
	split size and if there is only one (1) s cases of more than one section, the	olit size and if there is only one (1) section offered, or, in ases of more than one section, the other sections have so reached the split size. When the option to open			FOR O.U.R.USE ONLY			
	nother section is taken, the department should submit his form, containing a list of students not lower than the pplicable minimum class size, to the OUR not later than the end of Week 2 of the term.			□ APPROVED □ DISAPPROVED ENCODED BY				
	For "splitting" and "balancing," this	form is valid only if		LINIU/EDOLD/ DECICEDAD				

UNIVERSITY REGISTRAR

DATE