

University of the Philippines
Diliman, Quezon City
COLLEGE OF EDUCATION

CHANGE OF PROGRAM

(For Shiftees within the College & Shiftees within Diliman Colleges)

(Day/Month/Year)

The University Registrar
UP Diliman

This certifies that _____ with Student Number _____
_____ has changed his/her program from _____
to _____ effective _____ Semester, AY _____ - _____.

College Secretary

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