



Patriotism • Leadership • Service • Professionalism

**PAMANTASAN NG LUNGSOD NG SAN PABLO**  
**STUDENT AFFAIRS AND SERVICES**  
**Guidance and Counseling Office**

Brgy. San Jose, San Pablo City  
Tel No.: (049) 536-7830  
Email Address: [plspofficial@plsp.edu.ph](mailto:plspofficial@plsp.edu.ph)



**EXIT INTERVIEW**  
**FOR TRANSFER & SHIFTING**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade/Year Level: \_\_\_\_\_

Present Program: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Kindly Check:

Reason/s for Leaving the ☐ University ☐ Program

☐ Problem in the Family

☐ Problem with Classmate/Schoolmate

☐ Problem in the Academic Performance

☐ Seeking Financial Support

☐ Problem with Student – Teacher Relationship

Others: (Kindly state your reason/s)

\_\_\_\_\_  
\_\_\_\_\_

The School/Program you are planning to transfer/enroll? \_\_\_\_\_

\_\_\_\_\_

Difficulties/Problem/s encountered during your stay in the University/Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any suggestion/s that you can give which will help us improve our services in the  
University/Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature over printed name of Interviewee*

\_\_\_\_\_  
*Signature over printed name of Interviewer*

*“Primed to Lead and Serve for Progress”*

Issue No.	0	Revision No.	2	Effective Date	10 January 2022	
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**CONSENT**

I am fully aware that the Pamantasan ng Lungsod ng San Pablo (PLSP) or its designated representative is duty bound and obligated under the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, to protect all my personal and sensitive information that it collects, processes, and retains upon this Exit Interview Form.

Likewise, I am fully aware that PLSP may share such information to affiliated or partner organizations as part of its contractual obligations, or with government agencies pursuant to law or legal processes. In this regard, I hereby allow PLSP to collect, process, use and share my personal data in the pursuit of its legitimate academic, research, and employment purposes and/or interests as an educational institution.

I hereby certify that all information supplied in this Routine Interview Form is complete and accurate. I also understand that any false information will disqualify me from the issuance of the said form.

\_\_\_\_\_  
Signature over printed name of Applicant

\_\_\_\_\_  
Date

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