

## PAMANTASAN NG LUNGSOD NG SAN PABLO OFFICE OF THE UNIVERSITY REGISTRAR

Brgy. San Jose, San Pablo City

Tel No.: (049) 536-7830

Email Address: <u>plsp.registraroffice@plsp.edu.ph</u>

## **REQUEST TO CHANGE STUDENT TYPE**

(1 <sup>ST</sup> / 2 <sup>ND</sup> / Mid-	year) Sem	ester of Academ	nic Year	
		·	Date : Student No:	
Dear Sir/Madam:				
I, Mr./Ms(Last	Name,	First Name,	Middle Name)	hereby request
to change my student	type froi	m		
Regular/Returnee/Trans	feree to	Irre	gular	
Irregular/Returnee/Trar	sferee to	Reg	ular	
			Signature over Pri	nted Name)
Evaluated by:		Аррі	roved by:	
Program Chair	Date	 Dear	1	Date
Noted by:		Enc	oded by	
Mrs. Vrenali R. Tolentino University Registrar	 Date	EMIS	60	Date

"Primed to Lead and Serve for Progress"

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