



### Center for Admissions

2544 Taft Avenue, Manila, Philippines 1004  
Tel Nos: (+63) 2 8230-5100 1801 to 1803  
Email: admissions@benilde.edu.ph  
Website: www.benilde.edu.ph  
Office Hours: Monday-Friday 8:00am-12:00nn  
& 1:30pm-5:00pm

(As stated in Birth Certificate. Please PRINT or TYPE.)

STUDENT APPLICANT Surname

First Name

Middle Name

Nickname

Gender  Male  Female

Date Filed: \_\_\_\_\_

## Request for Change of Program Form

1. Submit this form to the Center for Admissions not later than \_\_\_\_\_.

2. Sign acknowledgement receipt below.

3. Verify the status of your request on \_\_\_\_\_.

\_\_\_\_\_  
Printed Name and Signature  
of Admissions Staff

Additional document and/or interviews may be needed to complete the processing of your request.

Application is made as a

Freshman student  Transfer student  Working student  2nd undergraduate degree student

For the

1<sup>st</sup> Trimester  2<sup>nd</sup> Trimester  3<sup>rd</sup> Trimester School year \_\_\_\_\_ to \_\_\_\_\_

School \_\_\_\_\_ Years Attended \_\_\_\_\_ to \_\_\_\_\_

School Address \_\_\_\_\_

### To the Center for Admissions

Please change my applied program to De La Salle-College of Saint Benilde

from \_\_\_\_\_

to \_\_\_\_\_

My reasons are as follows (Print or type your answer. Please attach additional sheet if necessary.)

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

\_\_\_\_\_  
Printed Name & Signature of Applicant

\_\_\_\_\_  
Printed Name & Signature of Parent(s)/Guardian

### ACKNOWLEDGMENT SLIP

This acknowledges that I have read and understood the procedures outlining my Request for Change of Program. I am aware that I can verify the status of my request at the Center for Admissions on \_\_\_\_\_.

I also understand that Request for Change of Program are subject to the approval of the College Admissions Committee based on the applicant's qualifications and the availability of slots in the desired degree program.

\_\_\_\_\_  
Printed Name & Signature of Applicant

\_\_\_\_\_  
Date