



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

Request for Change of Program Form

- 1. Kindly accomplish and submit this form via email: **admissions@benilde.edu.ph**.
- 2. The release date of the change of program request will be sent to your email address upon submission of this form. Additional documents and/or interviews may be needed to complete the processing of your request.

Application Form Type:

First Year College student Transferee student Second Degree student Others: _____

For the Academic Year: 202__ - 202__

1st Trimester 2nd Trimester 3rd Trimester

School Name _____

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 Student Applicant

Printed Name & Signature of Parent(s)/Guardian

ACKNOWLEDGMENT

This acknowledges that I have read and understood the procedures outlining my Request for Change of Program.

I also understand that Request for Change of Program is 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 Student Applicant

Date Signed