

## SPECIALIZATION REQUEST FORM

### Change of Major / Bi Major

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1 | CHANGE OF SPECIALIZATION | _____                    |
|   |                          | (Name of Specialization) |
| 2 | ADMISSION TO BI – MAJOR  | _____                    |
|   |                          | (Name of Specialization) |
| 3 | ADMISSION TO TRI – MOJOR | _____                    |
|   |                          | (Name of Specialization) |

\* **NOTE: PLEASE ATTACH GRADE SHEET.**

Student ID:   -   -         Contact #:     -     -

Student Name: \_\_\_\_\_

Program: \_\_\_\_\_ E-mail: \_\_\_\_\_

Specialization: \_\_\_\_\_ To \_\_\_\_\_

Previous Specialization New Specialization

\_\_\_\_\_  
**Student Signature**

**Date:** \_\_\_\_\_

### OFFICE USE ONLY

APPROVED: ☐

NOT APPROVED: ☐

\_\_\_\_\_  
**Director / Program Manager**  
(College Concerned)

\_\_\_\_\_  
**Registration Officer**  
(Registration Department)

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

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