



WCC Aeronautical and Technological College
Binalonan Airfield, Linmansangan, Binalonan, Pangasinan

APPLICATION FOR SHIFTING

____ Semester, SY 20____ - 20____

Course/Major applying for: _____ Present course/major: _____

Student Name: _____
(Last) (First Name) (Middle Name)

Student Number: _____ Student Contact Number: _____

Student Present Address: _____

ACTION OF THE COLLEGE

() **Qualified/Accepted** Beginning: ____ Semester, SY 20____ - 20____
Remarks: _____

() **Refused/Denied** Reason: _____

Dean/Academic Head



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