



COURSE WITHDRAWAL FORM

Name: _____ ID No.: _____ Program/Year: _____
(Last) (First) (MI)

I hereby request permission to **WITHDRAW** the following course/s to my program:

COURSE TITLE	UNIT	SCHEDULE	INSTRUCTOR	DATE

IMPORTANT: Any changes in program carries a certain fee. (Student Handbook r. 2020, p.32)

Reason for this request: _____

If changes are approved, I will then be registered for a total of _____ units of class work.

Student Signature: _____ Date: _____

APPROVED BY:

1. _____ /Date
Program Head

2. _____ /Date
Treasurer

3. _____ /Date
Registrar

For Registrar's Office use only.

Course(s) encoded
 Class card(s) issued

By: _____
Date: _____