

Course Withdrawal Application Form



Date:

Sir / Madam,

I am a student of this university. I would like to request you for kindly allowing me to withdraw the following course(s) registered for Spring / Summer / Fall 202... Trimester.

Sl	Course Code & Title	Section	Recommendation of the Faculty (Name & Signature with Date)
1			
2			
3			
4			

(Signature of the Student)

Student's Full Name:	
ID Number:	
Contact No:	
E-mail Address:	

Dean/ Head of the Program /Department:

- Approved
 Not Approved

Signature with date

Controller of Examinations:

- Recorded

Signature with Date