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|  | Reference No.: SPC-FO-REG-21 | | | | Effectivity Date: January 05, 2025 | | | | Revision No.: 01 |
| **CANCELLATION OF ENROLLMENT** | | | | | | | | | |
| **PROCEDURE:**   1. Fill out the form with the required information. 2. Affix the signature of your parent/guardian for the consent. 3. Submit the form to the Registrar's Office for the cancellation of enrolled course/s. 4. For students of the graduate programs, proceed to the Accounting/Assessment Section for reassessment. | | | | | | | | | |
| Name (Last, First M.I.) | | |  | | | | | | |
| College: | | |  | | | Program and Year: | |  | |
| Semester: | | |  | | | Academic Year: | |  | |
| Contact Number: | | |  | | | Email Address: | |  | |
| **COURSE/S TO BE CANCELLED** | | | | | | | | | |
| **Code** | | **Course Title** | | | | | | | **Unit/s** |
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| Reason for Cancellation: | |  | | | | | | | |
| Requested by:  Signature over Printed Name of Student Date Signed: | | | | Signature over Printed Name of Parent/Guardian  Date Signed: | | | Received by:  Signature over Printed Name of Registrar’s Staff  Date Signed: | | |

**STUDENT’S COPY**

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| **Code** | | **Course Title** | | | | | | | **Unit/s** |
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| Requested by:  Signature over Printed Name of Student Date Signed: | | | | Signature over Printed Name of Parent/Guardian  Date Signed: | | | Received by:  Signature over Printed Name of Registrar’s Staff  Date Signed: | | |

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