

## PERMIT TO WITHDRAW ENROLLMENT OR DROP/ WITHDRAW COURSE(S)

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Date 4 Date Received: Date Received: Date Received: O.R. No. OUR use only OUR use only Revision Revision Number: Number: College Dean/ Institute Director Encoded: College Dean/ Institute Director Encoded: College Dean/ Institute Director Encoded: O.R. No. Department Chairperson Approved: Department Chairperson Approved: Department Chairperson Guidance Counselor (except GS & OU) **Guidance Counselor Guidance Counselor** (except GS & OU) **OUR Personnel** (except GS & OU) **OUR Personnel** School Year School Year School Year March 12, 2020 March 12, 2020 QF-OUR-07 QF-OUR-07 Endorsed: Endorsed: Endorsed: Approved: Middle Name ( ) 2nd Sem ( )Mid-Year Term: ( )1st Sem ( ) 2nd Sem ( )Mid-Year Term: ( )1st Sem ( ) 2nd Sem ( )Mid-Year [ ] Others (specify): ID No. ID No Others (specify) <u>0</u>80 Others (specify): ) Tick if withdraw enrollment before start of classes, no need to specify course(s) and Effectivity: Date Document Date Document Date Date Effectivity: Date Code: Code: Middle Name Middle Name PERMIT TO WITHDRAW ENROLLMENT OR DROP/ WITHDRAW COURSE(S) PERMIT TO WITHDRAW ENROLLMENT OR Term: ( )1st Sem ( [ ] Not part of the curriculum [ ] Not part of the curriculum Signature over printed name Signature over printed name Signature over printed name DROP/ WITHDRAW COURSE(S) [ ] Not part of the curriculum **FACULTY MEMBER** FACULTY MEMBER **FACULTY MEMBER** Registrar Registrar Given Name Given Name Given Name no need for the signature of the faculty member(s) no need for the signature of the faculty member(s) no need for the signature of the faculty member(s) Noted: Noted: Noted: ] Change of Interest [ ] Change of Interest REASON/S: [ ] Change of Interest ACCOUNTING OFFICE CODY Date Date Course No. Course No. Course No. Family Name Family Name Family Name COURSE(S) COURSE(S) COURSE(S) Student's Signature Student's Signature Degree and Year: Degree and Year: Degree and Year REASON/S: REASON/S: **OUR Copy** Name: Name: