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

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OUR use only
Date Received: _____

Name: _____
Family Name   *Given Name*   *Middle Name*

ID No. _____

Degree and Year: _____   Term: ( )1st Sem ( ) 2nd Sem ( )Mid-Year   School Year _____

REASON/S: [ ] Change of Interest   [ ] Not part of the curriculum   [ ] Others (specify): _____

COURSE(S)		FACULTY MEMBER	
Class Code	Course No.	Signature over printed name	Date

(__) Tick if withdraw enrollment before start of classes, no need to specify course(s) and no need for the signature of the faculty member(s)

Endorsed:

_____
Guidance Counselor
(except GS & OU)   Date

Approved:

_____
Department Chairperson   Date

_____
College Dean/ Institute Director   Date

Noted:

_____
Student's Signature   Date

Encoded:

_____
Registrar   Date   OUR Personnel   Date

OUR Copy