



Request Form for Withdrawal from Courses

T.8

To Instructor of Course

I (Mr. / Mrs. / Miss) _____ Student Code _____
 a student of the Institute of _____ School of _____
 under the supervision of (Advisor's Name) _____ GPAX _____
 wish to withdraw from the course with Code Numbers _____ Course Title _____ Group No. _____
 Trimester _____ Academic Year _____ Because _____
 After withdrawal, the remaining number of course credits is _____ credits

Thank you for your kind consideration.

Signature: _____ Date _____

N.B. For more information, please call _____ or E-mail _____

Advisor's Comments	Instructor's Decision	Chair of the School's Decision (For postgraduate students only)
_____ _____ _____ Signature _____ (_____) Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved Reasons : _____ _____ Signature _____ (_____) Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved Reasons : _____ _____ Signature _____ (_____) Date _____

Action taken by Center for Educational Services : Completed Not Completed Because _____

Officer's Signature _____ Date _____



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