



Request Form for Withdrawal from Courses

T.8

Reasons: Signature Date Action taken by Center for Educational Services: Officer's Signature Date T.8: Rev.No.01: 17/03/2557 P Request Form for Withdrawal from Courses To Instructor of Course I (Mr. / Mrs. / Miss) Student Code a student of the Institute 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 Thank you for your kind consideration. Signature: Date M.B. For more information, please call Advisor's Comments Instructor's Decision Advisor's Comments Instructor's Decision Reasons: Signature Signat	ision s only)
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Thank you for your kind consideration. Signature: Date	
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TrimesterAcademic Year Because	
wish to withdraw from the course with Code Numbers Course Title Group No	10
under the supervision of (Advisor's Name)GPAX_	ιX
a student of the Institute of School of	
I (Mr. / Mrs. / Miss)Student Code	
To Instructor of Course	

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