

WITHDRAWAL FORM (WP/WF)

NOTE TO: Faculty

1. Faculty selects WP or WF
2. Faculty adds name; signature and date.
3. Faculty submits the form to the Registrar's Office before the deadline for submission (WP/WF)

Student ID:

PERSONAL INFORMATION

Full Name:
 First Name Middle Name Family Name

Semester / Module: Major / Emphasis: Year:

TO BE FILLED BY THE STUDENT					
Course Ref. No.	Subject	Number	Section	Credits	Course Title

TO BE FILLED BY THE INSTRUCTOR
TYPE
<input type="checkbox"/> WP <input type="checkbox"/> WF
<input type="checkbox"/> WP <input type="checkbox"/> WF

Student's Signature

Date:
 Day Month Year

Instructor's Name & Signature

Date:
 Day Month Year

FOR THE REGISTRAR'S OFFICE USE

Processed by:

 Signature:

Date:
 Day Month Year