**Colegio de San Juan de Letran Calamba**
City of Calamba, Laguna
**REGISTRAR'S DEPARTMENT**
Collegiate Records Unit

# AUTHORIZED WITHDRAWAL (AW) FORM

| DATE OF FILING | | TERM: [ ]1st [ ] 2nd [ ] Inter-Sem, A.Y. | |
|---|---|---|---|
| **PERSONAL INFORMATION** | | **ACADEMIC INFORMATION** | |
| LAST NAME | | ID NO. | |
| FIRST NAME | | PROGRAM | |
| MIDDLE NAME | | YEAR | |
| **CONTACT INFORMATION** | | | |
| MOBILE NO. | | EMAIL ADD | |

**COURSE/S TO BE DROPPED**

| Course Code | Section | Day | Time | Faculty's Signature/Date |
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**ACTUAL LOAD AFTER DROPPING**

| *Course Code* | *Units* |
|---|---|
| _____ | _____ |
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**TOTAL NO. OF UNITS:** _____

**REASON/S FOR DROPPING**

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**Parent's Signature over Printed Name / Date**

**ACTION TAKEN**

| **Endorsed by:** | **[ ] Approved [ ] Disapproved by:** | **Encoded by:** |
|---|---|---|
| _____ | _____ | _____ |
| **Academic Dean/Chair/Co-Chair** Signature over Printed Name | **Registrar/College Records Officer** Signature Over Printed Name | **Records Evaluator/Assistant** Signature Over Printed Name/Date |

**NOTE:**

1. *This form must be accomplished in two copies (Registrar's Copy and Student's Copy).*
2. *This form is deemed valid upon submission to the Registrar's Office on or before _____.*
3. *Please attach a photocopy of any valid ID of your parent.*

**Student's Copy Received by:** _____ **Date:**_____

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**ACTUAL LOAD AFTER DROPPING**

| *Course Code* | *Units* |
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**TOTAL NO. OF UNITS:** _____

**REASON/S FOR DROPPING**

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**Parent's Signature over Printed Name / Date**

**ACTION TAKEN**

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|---|---|---|
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