



Colegio de San Juan de Letran Calamba

City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
Graduate School Records Unit

AUTHORIZED WITHDRAWAL (AW) FORM										
DATE OF FILING: _____					TERM: _____ Trimester, A.Y. _____					
PERSONAL INFORMATION					ACADEMIC INFORMATION					
LAST NAME	FIRST NAME	MIDDLE NAME			ID NO.					
					PROGRAM					
COURSE/S TO BE DROPPED										
Course Code		Section/Day/Time			Professor's Signature/Date					
ACTUAL LOAD AFTER DROPPING				REASON/S FOR DROPPING						
Course Code		Units		_____ _____						
_____		_____								
_____		_____								
TOTAL NO. OF UNITS: _____										
_____ Student's Signature over Printed Name										
Endorsed by:			Approved by:			Encoded by/Date:				
_____			_____			_____				
Academic Dean/Head			Registrar			Records Officer				
NOTE: 1. This form must be accomplished in duplicate copies (Registrar's Copy/Student's Copy). 2. This form is deemed valid upon submission to the Registrar's Office on or before _____.										



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