



REMINDERS:

- 1. Please read the policies on ADDING/ DROPPING found at the back of this page.
- 2. Do not cut until duly signed and processed by the Registrar's Office.
- 3. PLEASE PROVIDE ALL THE NEEDED INFORMATION.

DROPPING FORM

Registrar's Office

REGISTRAR'S COPY

DATE FILED: _____

SEMESTER: _____

SY: _____

Student No. : _____

Name: _____

Year & Section: _____

SUBJECT/S TO DROP	SECTION	PROFESSOR

Reasons for Dropping: _____

PROFESSOR'S Signature: _____

Date Signed: _____

DEAN'S Signature: _____

Date Signed: _____

Registrar: _____

Date Received: _____

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DROPPING FORM



STUDENT'S COPY

DATE FILED: _____

SEMESTER: _____

SY: _____

Student No. : _____

Name: _____

Year & Section: _____

SUBJECT/S TO DROP	SECTION	PROFESSOR

Reasons for Dropping: _____

PROFESSOR'S Signature: _____

Date Signed: _____

DEAN'S Signature: _____

Date Signed: _____

Registrar: _____

Date Received: _____

ROF-002-Revised 092019

DROPPING FORM



PROFESSOR'S COPY

Student No. : _____

Name: _____

Year & Section: _____

SUBJECT/S TO DROP	SECTION	PROFESSOR

Reasons for Dropping: _____

PROFESSOR'S Signature: _____

Date Signed: _____

DEAN'S Signature: _____

Date Signed: _____

Registrar: _____

Date Received: _____

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DROPPING FORM

IMPORTANT: If dropping is done after the Adjustment Period, submit this to your Professor, duly signed, to avoid incurring an FA.

BUSINESS OFFICE'S COPY

DATE FILED: _____

SEMESTER: _____

SY: _____

Student No. : _____

Name: _____

Year & Section: _____

SUBJECT/S TO DROP	SECTION	PROFESSOR

DROPPED WITH:

Full refund

90% refund

80% refund

No refund

Registrar: _____

Date Encoded: _____

Business Office: _____

Date Processed: _____

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DROPPING FORM

