



LAGUNA UNIVERSITY

Registrar's Office

Laguna Sports Complex, Brgy. Bubukal, Santa Cruz, Laguna

Tel. No. (049) 576-4359

DROPPING OF COURSES AND WITHDRAWAL FORM

DATE OF FILING:		TERM: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Mid-Year, A.Y.		
PERSONAL INFORMATION		ACADEMIC INFORMATION		
LAST NAME		STUDENT NO.		
FIRST NAME		PROGRAM		
MIDDLE NAME		YEAR		
CONTACT INFORMATION				
MOBILE NO.		EMAIL ADDRESS		
REQUEST				
<input type="checkbox"/> Withdrawal of Enrolment		<input type="checkbox"/> Dropping of Subjects		
Reason/s for Withdrawal:	COURSE CODE	COURSE TITLE	SCHEDULE	TEACHER <i>Signature Over Printed Name</i>
Parent/Guardian Signature over Printed Name/Date		Student Signature over Printed Name/Date		
ACCOUNTABILITY CLEARANCE <i>(for Withdrawal Only)</i>				
Office of Student Affairs and Services Signature over Printed Name/Date	University Library Signature over Printed Name/Date		Cashier Signature over Printed Name/Date	
ACTION TAKEN				
Endorsed by Program Chair Signature over Printed Name	Recommending Approval Dean Signature over Printed Name	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Registrar Signature Over Printed Name		Processed by: Registrar's Staff Signature over Printed Name/Date
DATA PRIVACY CONSENT:				
<p><i>I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the established guidelines of Laguna University</i></p> <p><i>Further, I agree to collection and processing of my data for the purpose of processing my dropping of courses or withdrawal at Laguna University. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.</i></p>				
Student Signature over Printed Name/Date				

Please prepare this form in 2 copies (Registrar's Copy and Cashier's Copy)