Course Drop Cancellation Request Form

Subject **Cancel Course Drop Request**

To Registrar

Student ID No.	
Phone No.	

Name (Mr./Miss/Mrs.) .....

Student Type ☐ Regular ☐ Special/Irregular

Requests to cancel the withdrawal of Course No. ..... **Course Name** .....

Semester ..... **Academic Year** .....

Reason.....

(Signature) .....Petitioner Date (DD/MM/YYYY) ...../...../.....

Procedure for requesting cancellation of course withdrawal	
1. For Instructor	**2. For student registration and educational services**
☐ Approved ☐ Recommend for Rejection; Reason..... ..... (Signature) .....Instructor Date (DD/MM/YYYY) ...../...../.....	☐ cancellation has been processed in the system. (Signature) .....Registration Officer Date (DD/MM/YYYY) ...../...../.....