Course Drop Cancellation Request Form

Subject Cancel Course Drop Request

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| --- | --- |
| **Student ID No.** |  |
| **Phone No.** | 0 |

**To** Registrar

**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) ......./.............../......................

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