



# Request Form for Withdrawal from Courses

T.8

### To Instructor of Course

I ( Mr. / Mrs. / Miss ) \_\_\_\_\_ Student Code \_\_\_\_\_  
 a student of the Institute of \_\_\_\_\_ School of \_\_\_\_\_  
 under the supervision of (Advisor's Name) \_\_\_\_\_ GPAX \_\_\_\_\_  
 wish to withdraw from the course with Code Numbers \_\_\_\_\_ Course Title \_\_\_\_\_ Group No. \_\_\_\_\_  
 Trimester \_\_\_\_\_ Academic Year \_\_\_\_\_ Because \_\_\_\_\_  
 After withdrawal, the remaining number of course credits is \_\_\_\_\_ credits

Thank you for your kind consideration.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**N.B.** For more information, please call \_\_\_\_\_ or E-mail \_\_\_\_\_

Advisor's Comments	Instructor's Decision	Chair of the School's Decision ( For postgraduate students only )
_____ _____ _____ <b>Signature</b> _____ ( _____ ) <b>Date</b> _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved Reasons : _____ _____ <b>Signature</b> _____ ( _____ ) <b>Date</b> _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved Reasons : _____ _____ <b>Signature</b> _____ ( _____ ) <b>Date</b> _____

Action taken by Center for Educational Services :  Completed     Not Completed Because \_\_\_\_\_

Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_



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