

**TO BE FILLED UP BY THE INSTRUCTOR**

Name: \_\_\_\_\_

Student's Class Standing: \_\_\_\_\_

Course & Year: \_\_\_\_\_ Student No. \_\_\_\_\_

Subject Dropped: \_\_\_\_\_

Reason for Dropping: \_\_\_\_\_

\_\_\_\_\_  
Instructor's Name in Print

Fee Charged                                      OR No.                                      Date

\_\_\_\_\_  
Instructor's Signature                                      Date

\_\_\_\_\_  
College Secretary

\_\_\_\_\_  
Dean                                      Date

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