



AUTHORIZED WITHDRAWAL (AW) FORM				
DATE OF FILING		TERM: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Inter-Sem, A.Y.		
PERSONAL INFORMATION		ACADEMIC INFORMATION		
LAST NAME		ID NO.		
FIRST NAME		PROGRAM		
MIDDLE NAME		YEAR		
CONTACT INFORMATION				
MOBILE NO.		PERSONAL EMAIL ADD.		
COURSE/S TO BE DROPPED				
Course Code	Section	Day	Time	Faculty's Signature/Date
ACTUAL LOAD AFTER DROPPING		REASON/S FOR DROPPING		
Course Code	Units	<div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div>		
TOTAL NO. OF UNITS: _____		Verified and Endorsed by: _____ Academic Dean/Chair/Co-Chair Signature over Printed Name / Date		
_____ Parent's Signature over Printed Name / Date				
DATA PRIVACY CONSENT				
I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request. Further, I agreed to the collection and processing of my data in relation to my application for authorized withdrawal (AW) to Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required to 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. _____ Signature over Printed Name/Date				
ACTION TAKEN				
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved by: _____ Registrar Signature Over Printed Name		Encoded by: _____ College Records Officer / College Records Evaluator Signature Over Printed Name/Date		
NOTE: 1. This form must be accomplished in two copies (Registrar's Copy and Student's Copy). 2. This form is deemed valid upon submission to the Registrar's Office on or before _____. 3. Please attach a photocopy of any valid ID of your parent.				



Colegio de San Juan de Letran Calamba
City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
Collegiate Records Unit

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