



### Official Withdrawal Application Form

Name: \_\_\_\_\_ Programme: \_\_\_\_\_  
 ID Number: \_\_\_\_\_ Division: \_\_\_\_\_  
 Semester: \_\_\_\_\_ Training Year: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>Conditions for Withdrawal with Excuse (WE):</b>	<b>Conditions for Withdrawal with Permission (WP):</b>
1. WE is withdrawal from <u>all</u> registered units. 2. Withdrawal is permitted <u>only</u> for health reasons, accident/injury, and death of a family member or first/second-degree relative. 3. Withdrawal must be filed not later than two (2) weeks before end of classes. 4. A duly accomplished Clearance Form must be submitted with the original and photocopy of medical/death certificate. 5. WE will not affect the applicant's GPA.	1. WP is withdrawal from one or more units only. 2. Withdrawal must be filed not later than Week 10 of the semester. 3. WP will not affect the applicant's GPA.

Have you ever filed for withdrawal before?  Yes  No  
 If Yes, specify number of semesters: \_\_\_\_\_  Sem 1  Sem 2 Training Year: \_\_\_\_\_  
 Withdrawal applied for:  WE  WP Unit Code/s: \_\_\_\_\_  

Please attach the necessary documents.

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

<b>For Sponsor Use Only</b>	
Sponsor's Name: _____ Signature: _____ Date: _____	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto;">             Sponsor's Stamp           </div>

<b>For Registration and Division Use Only</b>	
Staff Name: _____ Signature: _____ Date: _____ HOD Name: _____ Signature: _____ Date: _____ Remarks: _____	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto;">             Admission and Registration Office Stamp           </div>