



UNIVERSITY OF SCIENCE AND TECHNOLOGY OF SOUTHERN PHILIPPINES
Cagayan de Oro City

RF 14

OFFICE OF THE UNIVERSITY REGISTRAR

Withdrawal from Enrolment
Application Form

____ Semester/Summer SY ____ - ____

Name _____ Gender _____ ID Number _____

Complete Home Address _____

Course/Year _____ Major (if any) _____

Reason(s) for Withdrawal _____

Student's Signature

Approved: _____
Program Dean's Signature over Printed name

Noted: _____
Assessment

Noted: _____
Campus Registrar

Note: Attach Certificate of Registration.