

LYCEUM OF THE PHILIPPINES UNIVERSITY
 Manila Makati Cavite

WITHDRAWAL OF SUBJECTS

Sem. _____ SY 20__ - 20__
Summer _____

Name: _____
Course & Yr. Level: _____
Student No.: _____
Reason: _____

| Subjects | Time | Day | Rm. No. |
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By affixing my signature on this form, I hereby acknowledge and certify that I have carefully read and understood the terms and conditions of the Data Privacy Policy of the Lyceum of the Philippines University (LPU). By providing personal information to LPU, I am confirming that the data is true and correct. I understand that LPU reserves the right to revise any decision made on the basis of information I provided should the information be found to be untrue or incorrect. I likewise agree that any issue that may arise in connection with the processing of my personal information will be settled amicably with LPU before resorting to appropriate arbitration or court proceedings within the Philippine jurisdiction. Finally, I am providing my voluntary consent and authorization to LPU and its duly authorized representatives to lawfully process my / my child's data information.

Signature over Printed Name of Student

Date

Approved by:

Date: _____
Dean

Date: _____
Registrar

Processed by: _____

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ACTION OF THE REG'S OFFICE

For Newly Enrolled Students Only:

Credentials Returned

- F - 138**
- Birth Certificate**
- Certificate of Good Moral Character**
- True Copy of Grades**
- Transfer Credentials**

Received by:

Signature over Printed Name

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