F-REG-013 REGISTRAR'S COPY (12/13/21)

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F-REG-013 (12/13/21)

ACCOUNTING'S COPY

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F-REG-013 (12/13/21)

STUDENT'S COPY

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LYCEUM OF THE PHILIPPINES UNIVERSITY Cavite Campus

REGISTRAR'S OFFICE

WITHDRAWAL OF SUBJ	ECT/S
Sem. / Special Term SY 20	- 20

Subje	ects	Time	Day	Rm. No.
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F-REG-013 **DEAN'S COPY** (12/13/21)

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LYCEUM OF THE PHILIPPINES UNIVERSITY **Cavite Campus**

REGISTRAR'S OFFICE

WITHDRAWAL OF SUBJECT/S

_ Sem. /	Special	Term	SY	20	20	

Name:Course & Yr. Level:Student No.:Reason:			Name: Course & Yr. Level: Student No.: Reason:			Name: Course & Yr. Level: Student No.: Reason:					
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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 representa child's data information.	tives to lawfully process my / my	
Signature over Printed Name of Student Approved by:	Date	
Dean Date:	Registrar Date:	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !

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LYCEUM OF THE PHILIPPINES UNIVERSITY

Cavite Campus

REGISTRAR'S OFFICE

WITHDRAWAL OF SUBJECT/S

Sem. / Special Term SY 20 - 20

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Signature over Printed Name of Stude	ent Date
Approved by:	
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Dean	Registrar
Date:	Date:

Processed by:

LYCEUM OF THE PHILIPPINES UNIVERSITY **Cavite Campus**

REGISTRAR'S OFFICE

WITHDRAWAL OF SUBJECT/S

Sem. / Special Term SY 20

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

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By affixing my signature on this form, I hereby acknowledge and certify

Signature over Printed Name of Stude	ent Date
Approved by:	
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Dean	Registrar
Date:	Date:

Processed by:

| ACTION OF THE REG'S OFFICE |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| For Newly Enrolled Students Only: |
Credentials Returned	Credentials Returned	Credentials Returned	Credentials Returned
F - 138	F - 138	F - 138	F - 138
Birth Certificate	Birth Certificate	Birth Certificate	Birth Certificate
Certificate of Good Moral Character			
True Copy of Grades			
Transfer Credentials	Transfer Credentials	Transfer Credentials	Transfer Credentials
Received by:	Received by:	Received by:	Received by:
Signature over Printed Name			