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Republic of the Philippines

**CAVITE STATEUNIVERSITY**

**CCAT Campus**

Rosario, Cavite

### DROPPING OF SUBJECTS FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**The Registrar**

**This University**

Sir/Madam:

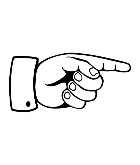
I would like to request approval to drop the subjects/schedules indicated below this

\_\_\_\_\_\_\_\_ semester of AY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ due to the following reasons:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subjects to be **Dropped**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Schedule Code**  **(18210326)** | **Subject Code**  **(GNED 10)** | **Units**  **(3)** | **Instructor’s Name &Signature** |
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*Period of Dropping of Subject/s with Evaluation is from*

***March 17 –April 7, 2025 only****.*

*(Signature over Printed)*

*Name of* Course, Year & Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Noted: Approved:***

**­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MARLYN A. QUINEZ

**Registration Adviser** **Campus Registrar**

*(Signature over Printed Name)*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_