



APPLICATION FOR A MARK OF “WITHDRAWN”

Date: _____

Dean: _____

College of: _____

University of Negros Occidental – Recoletos

Sir/Madam:

Due to the following reason(s), I cannot continue attending class(es) listed below and would like to be marked “WITHDRAWN” in it / them.

Reason(s)

- Sickness (Medical Certification to be attached)
- Transfer to residence (Letter from parent/guardian hereto)
- Change of work schedule (Certification from employer hereto attached)

Course Code(s)

I fully agree to pay the amount that the University will charge me according to the following withdrawal charges.

Regular Semester	Amount
Before start of classes	₱ 500.00
Within first week of classes	10% of the total assessment
Within second week of classes	20% of the total assessment
After second week of classes	Full charge

***One week = 5 class days

Summer	Amount
Before start of classes	₱ 500.00
First to third day of classes	10% of the total assessment
Fourth to sixth day of classes	20% of the total assessment
After the sixth day of classes	Full charge

Computation of Charges

Very truly yours,

Printed Name

Signature

Approval

- | | | |
|--|-------|-------------|
| 1. Approved – Dean of the College: | _____ | Date: _____ |
| 2. Received and Cancelled ID – DSA Office | _____ | Date: _____ |
| 3. Cleared of Accounts – VP Finance Office | _____ | Date: _____ |
| 4. Implementation of Remarks – Registrar | _____ | Date: _____ |

WITHDRAWN MARK will be effected only when this form is duly accomplished and submitted to the REGISTRAR’S OFFICE before Prelim Examinations. If student “WITHDRAWS” all subjects, the Director of Student Affairs needs to sign to clear student of obligations with the Office otherwise, if “WITHDRAWAL” is not for all subjects, the DSA need not sign.