

WITHDRAWAL REQUEST FORM
HWG702 University Teaching for Teaching Assistants

Procedures:

1. Student completes the form and submits to the respective school's graduate office for endorsement by the Head/Dean/Director of the School
2. School's graduate office then submits the endorsed copy to CTLP
3. Director, CTLP or assigned personnel will ascertain the validity of the reason and provide final endorsement of the withdrawal request
4. CTLP sends a scanned copy of the form to the respective School/ OAS and the student
5. OAS will de-register the student from the course
6. CTLP keeps the original hard copy of the document at its office for record

AY 20____ - 20____ Semester I / II * Class Group (A-N):_____

Full Name: : _____
Matriculation No.: : _____
School: : _____
Email : _____
Mobile No. : _____

Justification for withdrawal by requestor:

Signature of requestor

Date

I. Approval by School

I approved / not approved * the course withdrawal of the student. Reason (if any):

Name/ School/ Designation

Signature

Date

II. Acknowledged by CTLP

Name/ Designation

Signature

Date