

Republic of the Philippines ASIAN SEMINARY OF CHRISTIAN MINISTRIES By-Pass Rd., Brgy. San Vicente II, Silang, Cavite 4118

www.ascm.edu.ph

OFFICE OF THE REGISTRAR

COURSE WITHDRAWAL FORM

Semester, Academic Year:								
Student type:	□ Regular	□New						
PROGRAM: _				ID NUMBER:				
NAME:	SURNAME		FIRST NAME		MIDDLE NAME			
CODE	SUB IE							

CODE	SUBJECTS	UNITS	SCHEDULE	FACULTY
	Total no. of units			

Reasons for withdrawal:

Student's Signature & Date

NOTED BY:

Academic Adviser /Date

Registrar/Date

Instructions: 1) Accomplish this Withdrawal form on or before scheduled date of Withdrawal. Beyond that, student will be charged P300 transaction fee. 2) Payment of Course Withdrawal fee at the Business Office. (Indicate Official Receipt No. here: _____ Date:_____