TARLAC STATE UNIVERSITY
REGISTRATION OFFICE
Tarlac City

DROPPING FORM

College
Student No.

1st Sem ☐ 2nd Sem ☐ Summer ☐ S.Y. ☐

Last Name First Name Middle Name

SUBJECT(S) TO DROP	CLASS SECTION	UNITS Lec	UNITS Lab	DAYS	TIME	SESSION Day	SESSION Eve	APPROVED FACULTY	APPROVED DEAN	APPROVED REGISTRAR

Reason(s) for Dropping

Student Signature

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