## FORM FOR WITHDRAWAL OF ENROLLMENT/REGISTRATION

Admission Ur This Universit Tarlac City				Date
Sir/Madam:				
I, Mr./Ms			of	
	Last Name	First Name	Middle Name	(Course)
after registering for the		Semester,		, I would like to formally request to
withdraw my	enrollment for the ff.	person:		
Than	ık you for your kind c	onsideration on this matter.		Signature over printed name
			Student's	Signature over printed name
RECOMME	NDING APPROVAL	:		
	College Dean		APPROVED	
Accounting Office				Director
RULES GOV	ERNING REFUND:			
2. Students follows:	<u> </u>	- 80%	h after enrollment are er	ntitled to refund of tuition fees as

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3. No refund shall be made after a month.