



TARLAC STATE UNIVERSITY
OFFICE OF REGISTRATION AND REGISTRATION
Tarlac City
DROPPING FORM

College
Student No. 1st Sem ☐ 2nd Sem ☐ Midyear ☐ S.Y.

Last Name

First Name

Middle Name

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

Reason(s) for Dropping

Student Signature

Form No.: TSU-ORA-SF-23 Revision No: 00 Effectivity Date: September 1, 2022 Page 1 of 1



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