OFFICE OF THE REGISTRAR

2544 Taft Avenue, Manila, Philippines
1004 Phone No. (632) 8230-5100 loc.
(Taft) 1321 – 1324 (AKIC) 2332 – 2334 (SDA) 3323 - 3325
Email add.: registrar@benilde.edu.ph

REQUEST FOR COURSE WITHDRAWAL

Withdrawal Period:
3rd to 5th week of classes

_____ Term, School Year _____

This form is valid only if submitted to the Office of the Registrar within the prescribed withdrawal period.

Date Released : _____ Deadline for Filing : _____ Date Filed : _____

Student ID No. : _____

_____ _____ _____ _____
LAST NAME GIVEN NAME MI DEGREE PROGRAM

Courses to be withdrawn: ☐ Partial ☐ Total

COURSE	SECTION	TEACHER'S NAME	TEACHER'S SIGNATURE	DATE

Reason for Withdrawal: _____

_____

	Printed Name & Signature	Date
Petitioned by:	_____ Student	_____
Conforme by:	_____ Parents (except for CDP) / Guardian for Foreign students	_____
Endorsed by:	_____ Academic Adviser	_____

For Total Withdrawal only, please secure clearance from:

Center for Restorative Discipline : _____
Center for Learning Resources : _____
Finance Department : _____
Registrar's Office (Records Associate) : _____
Center for Scholarships and Grants (CSaG) (for Scholars/Grantees) : _____

Approved by: _____ _____
Registrar Date

Recorded by : _____
Date : _____

Note: NO REFUND (please refer to the student handbook for the policies on Withdrawal)
TOTAL WITHDRAWAL is applicable to students who are paid for the current term.