



APPLICATION TO DROP A COURSE (WEEK 2 UNTIL WEEK 4)

SECTION A (STUDENT'S INFORMATION)

NAME : _____
 TELEPHONE NO. : _____ MATRIC NO. : _____ EMAIL : _____
 MAJOR / PROGRAMME : _____
 SEMESTER : _____ SESSION : _____ YEAR : _____
 CREDIT EARNED : _____ CURRENT WORKLOAD (CREDIT HOURS) : _____ CGPA : _____

* Kindly attach your confirmation slip

SECTION B (COURSE'S INFORMATION)

I WOULD LIKE TO DROP THE FOLLOWING COURSE:

COURSE CODE	COURSE TITLE	SECTION	CREDIT HOUR

REASONS:

SECTION C (DECLARATION BY THE STUDENT)

STUDENT'S SIGNATURE : _____ DATE : _____

SECTION D (RECOMMENDATION BY LECTURER OF THE COURSE)

RECOMMENDED	<input type="checkbox"/>	SIGNATURE & STAMP : _____ DATE : _____
NOT RECOMMENDED	<input type="checkbox"/>	
REMARKS:		
_____ _____		

SECTION E (APPROVAL AND VERIFICATION BY THE KCDI ACADEMIC OFFICE)

Please Verify:		SIGNATURE & STAMP : _____ DATE : _____
NEW TOTAL WORKLOAD IS AT LEAST 15	<input type="checkbox"/>	