



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 THE COURSE INSTRUCTOR/LECTURER)

RECOMMENDED	
NOT RECOMMENDED	

REMARKS:

SIGNATURE & STAMP : _____
DATE : _____

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

Please Verify:

NEW TOTAL WORKLOAD IS AT LEAST 12 CREDIT HOURS	
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SIGNATURE & STAMP : _____
DATE : _____