



**PAMANTASAN NG LUNGSOD NG SAN PABLO**

**OFFICE OF THE STUDENT RECORDS AND MANAGEMENT**

*Brgy. San Jose, San Pablo City*

*Tel No.: (049) 536-7830*

*Email Address: [plsp.registraroffice@plsp.edu.ph](mailto:plsp.registraroffice@plsp.edu.ph)*



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**WITHDRAWAL SLIP**

**Date:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
_____	_____	_____
<b>Course / Yr &amp; Section</b>	<b>Semester</b>	<b>Academic Year</b>

**Reason for Withdrawal:**

- |  |   |
|--|---|
| <input type="checkbox"/> Transferring to other school/university | <input type="checkbox"/> Work Related                           |
| <input type="checkbox"/> Not my preferred choice                 | <input type="checkbox"/> Health Problems                        |
| <input type="checkbox"/> Financial Problems                      | <input type="checkbox"/> Retention Policy                       |
| <input type="checkbox"/> Family Problems                         | <input type="checkbox"/> Others ( <i>please specify</i> ) _____ |

**With Consent Of:** \_\_\_\_\_

**Name and Signature of Parent or Guardian**

\_\_\_\_\_  
**Signature over Printed Name of Student**

_____	_____	<b><u>CARMILA FLORIFI P. MORALES</u></b>
<b>EMISO</b>	<b>Dean</b>	<b>Registrar</b>

**This Slip is for the use of student who wish to withdraw their enrolment in this school.**