



Patriotism • Leadership • Service • Professionalism

CITY GOVERNMENT OF SAN PABLO  
**PAMANTASAN NG LUNGSOD NG SAN PABLO**

CHED Recognized Local College  
TESDA Recognized Programs  
ALCU Commission on Accreditation – Level 1 Re-Accredited  
Member, Association of Local Colleges and Universities  
Member, Local Colleges and Universities Athletic Association, Inc.



**Office of the College Registrar**

**WITHDRAWAL SLIP**

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

_____	_____	_____
<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:** \_\_\_\_\_

**With Consent Of:** \_\_\_\_\_  
**Name and Signature of Parent or Guardian**

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

_____	_____	_____
<b>EMIS</b>	<b>Accounts</b>	<b>Registrar</b>

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