



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: _____

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Course / Yr & Section	Semester	Academic Year

Reason for Withdrawal: _____

With Consent Of: _____
Name and Signature of Parent or Guardian

Signature over Printed Name of Student

_____	_____	_____
EMIS	Accounts	Registrar

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