



APPLICATION FOR CANCELLATION OF ENROLLMENT (For Senior High School)

Document No.: FM-SHS-20-01

Effective Date: October 19, 2017

BILLING NO.: \_\_\_\_\_

Amount: \_\_\_\_\_

NAME: \_\_\_\_\_ Last First Middle

STUDENT NO.: \_\_\_\_\_ STRAND/GRADE: \_\_\_\_\_

INSTRUCTIONS:

Please submit this form in three (3) copies duly accomplished and with the following requirements attached (only with checks):

- CM & ID, Letter from parent/guardian, Medical Certificate (if student is sick), Employment Certificate (if student is employed), Letter of authorization

Any student who wishes to discontinue his studies during the semester must notify the Office of the Registrar in writing within two (2) weeks from the beginning of classes. The cancellation shall take effect only upon the receipt of his application for the cancellation and approval by the Registrar. Non-compliance with this requirement shall result in forfeiture of the student's right to any refund of fees paid by him.

A student of Mapúa will not be allowed to cancel his enrolment without the written consent of his parents or guardian.

I hereby acknowledge that my application for cancellation of enrollment is not final until it is approved by the Registrar. I will continue attending my classes until I am notified that my application for cancellation for this term has been approved. I fully understand and agree to the above conditions.

I hereby apply for the cancellation of my enrollment for Academic Year \_\_\_\_\_ because of the following reason/s:

CONFORME:

Parent/Guardian's Signature

Student's Signature/Date

Address & Contact No.

Address & Contact No.

CLEARANCES:

Table with 3 columns: BOOKSTORE, ILMO, LIBRARY

Table with 2 columns: TREASURY DEPARTMENT, BACK ACCOUNT, CANCELLATION FEE, Payment Validation

Approved by: Date

Noted by: Date

Encoded by: Date

Principal

Registrar

R.O. Personnel