



APPLICATION FOR ACADEMIC LOAD REVISION
 [] 1st Semester [] 2nd Semester School Year _____ - _____

Full Name: _____ **Student No.:** _____
Contact No./Email: _____ **Year Level:** _____

WITHDRAW*/DROP FROM THE FOLLOWING SUBJECT/S				
SUBJECT / CODE	UNITS	CLASS SCHEDULE	PROF. NAME/SIGNATURE	REMARKS
1. <input type="checkbox"/>				
2. <input type="checkbox"/>				
3. <input type="checkbox"/>				
4. <input type="checkbox"/>				
5. <input type="checkbox"/>				
6. <input type="checkbox"/>				
7. <input type="checkbox"/>				
8. <input type="checkbox"/>				
9. <input type="checkbox"/>				
10. <input type="checkbox"/>				

* Note: **COMPLETE WITHDRAWAL OF SUBJECTS.**
 [Attach letter stating reason/s and file leave of absence (AUSL Form No. RO7) if planning to enroll in the institution within one (1) year.]

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3. <input type="checkbox"/>				
4. <input type="checkbox"/>				
5. <input type="checkbox"/>				
6. <input type="checkbox"/>				
7. <input type="checkbox"/>				

TOTAL UNITS OF LOAD BEFORE REVISION		TOTAL UNITS OF LOAD AFTER REVISION	
--------------------------------------------	--	-------------------------------------------	--

REASON/S

[] Conflict of Schedule Other Reason/s: _____
 [] Subject/s Dissolved _____

NOTE
The student undertakes that any revision applied for shall be in accordance with the required sequence of subjects under the approved curriculum. Subjects enrolled in violation of the sequence of subjects shall be given no credit.

Received by: _____
 Date Received: _____

Student's Signature

Approved:
 Dean: _____
 Date: _____
 Remarks: _____



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