



MABALACAT CITY COLLEGE

OFFICE OF THE COLLEGE REGISTRAR

WITHDRAWAL/CANCELLATION OF ENROLMENT

_____ Date

The College Registrar
Mabalacat City College

Thru: The Institute Dean
Institute of _____

Madam:

I, _____ enrolled as _____,
(Name) (Year & Program)

_____ semester, A.Y. _____ would like to withdraw from enrolment due to reason/s stated below:

_____ Name & signature of the student

Parent's/Guardian's Consent:

_____ Signature over printed name

_____ Date

ACTION TAKEN

<p>1. <i>This is to certify that the student has personally appeared in this office and has sought appropriate academic counseling.</i></p> <p>_____ Guidance Counselor</p> <p>_____ Date</p>	<p>2. Recommending Approval</p> <p>_____ Dean</p> <p>_____ Date</p>	<p>3.</p> <p>[] No Refund of Payment [] With Refund of Payment</p> <p>Remarks: _____</p> <p>_____ Cashier</p> <p>_____ Date</p>	<p>4. Approved</p> <p>_____ College Registrar</p> <p>_____ Date</p>
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NOTE: This is applicable **a day before the opening of class.**

Accomplish this form in duplicate (1 copy for the Registrar, and 1 copy for the student's file).



ACKNOWLEDGEMENT RECEIPT

This is to acknowledge that the undersigned received the entry requirements submitted.

_____ Form 138 (Report Card)
_____ Certificate of Good Moral Character
_____ Certificate of Live Birth
_____ ALS Report of Rating

_____ Honorable Dismissal/Transfer Credentials
_____ Certificate of Grades
_____ Official Transcript of Records
_____ Certificate of Marriage (If married)

_____ Name & signature of student

_____ Date