# Form to Drop Course

(Last Day in the 6th Week of the Active Semester)

1. **Student's Information:**
   - **Full Name:**
   - **I/C or Passport No.:**
   - **Program**
   - **Year**
   - **Semester/Academic Session**

2. **Course to Be Dropped**

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**Student's Reason/Justification**

**Lecturer's Review**

**Date:** Signature & stamp:

Balance registered unit after drop subjects (Not less from minimum unit)

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<th>Date:</th>
<th>Student's signature:</th>
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**Dean's Approval**

*Approve / Not Approve*

**Postgraduate Program Chairman's Comment**

*Recommended / Not Recommended*

**Assistant Registrar's Review**

*Valid / Not Valid*

**Date:** Signature & stamp:

*Cross which is not applicable*

**Reminder to Students:**
1. Kindly return the complete form to Centre for Graduate Studies (CGS) by the last working day in the 6th week of the active semester.
2. You are required to check to Subject Registration Slip and make necessary actions.
3. Thoroughly check your Subject Registration Slip and please ensure all the subjects registered are stated in the Subject Registration Slip.
4. Keep a copy of this form for your future reference.

For Office Use:

Updated by: Date: