



**CENTRE FOR GRADUATE STUDIES
FORM TO DROP COURSE
(LAST DAY IN THE 6th WEEK OF THE ACTIVE SEMESTER)**

1. STUDENT'S INFORMATION :

FULL NAME : _____
(IN CAPITAL LETTERS)

I/C OR PASSPORT NO : _____
(AS IN MATRIC CARD)

PROGRAM _____ YEAR _____ SEMESTER/
ACADEMIC SESSION _____

2. COURSE TO BE DROPPED

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Course Code 1</td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> </tr> <tr> <td>Unit</td> <td><input type="text"/></td> <td>Type</td> <td><input type="text"/></td> <td>Group</td> <td><input type="text"/></td> <td colspan="2"></td> </tr> <tr> <td>Course Title</td> <td colspan="7">_____</td> </tr> <tr> <td>Student's Reason/Justification</td> <td colspan="7">_____ _____ _____</td> </tr> <tr> <td>Lecturer's Review (Course 1)</td> <td colspan="7">_____ _____ _____</td> </tr> <tr> <td>Date:</td> <td colspan="3">Signature & stamp :</td> <td colspan="4"></td> </tr> </table>	Course Code 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unit	<input type="text"/>	Type	<input type="text"/>	Group	<input type="text"/>			Course Title	_____							Student's Reason/Justification	_____ _____ _____							Lecturer's Review (Course 1)	_____ _____ _____							Date:	Signature & stamp :							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Course Code 2</td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> </tr> <tr> <td>Unit</td> <td><input type="text"/></td> <td>Type</td> <td><input type="text"/></td> <td>Group</td> <td><input type="text"/></td> <td colspan="2"></td> </tr> <tr> <td>Course Title</td> <td colspan="7">_____</td> </tr> <tr> <td>Student's Reason/Justification</td> <td colspan="7">_____ _____ _____</td> </tr> <tr> <td>Lecturer's Review (Course 2)</td> <td colspan="7">_____ _____ _____</td> </tr> <tr> <td>Date:</td> <td colspan="3">Signature & stamp :</td> <td colspan="4"></td> </tr> </table>	Course Code 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unit	<input type="text"/>	Type	<input type="text"/>	Group	<input type="text"/>			Course Title	_____							Student's Reason/Justification	_____ _____ _____							Lecturer's Review (Course 2)	_____ _____ _____							Date:	Signature & stamp :							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Course Code 3</td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> <td style="width:10%;"><input type="text"/></td> </tr> <tr> <td>Unit</td> <td><input type="text"/></td> <td>Type</td> <td><input type="text"/></td> <td>Group</td> <td><input type="text"/></td> <td colspan="2"></td> </tr> <tr> <td>Course Title</td> <td colspan="7">_____</td> </tr> <tr> <td>Student's Reason/Justification</td> <td colspan="7">_____ _____ _____</td> </tr> <tr> <td>Lecturer's Review (Course 3)</td> <td colspan="7">_____ _____ _____</td> </tr> <tr> <td>Date:</td> <td colspan="3">Signature & stamp :</td> <td colspan="4"></td> </tr> </table>	Course Code 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unit	<input type="text"/>	Type	<input type="text"/>	Group	<input type="text"/>			Course Title	_____							Student's Reason/Justification	_____ _____ _____							Lecturer's Review (Course 3)	_____ _____ _____							Date:	Signature & stamp :						
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Balance registered unit after drop subjects (Not less from minimum unit)	<input type="text"/>	<input type="text"/>		Date:	Student's signature :
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DEAN'S APPROVAL * APPROVE / NOT APPROVE Date: _____ Signature & stamp : _____ <i>* Cross which is not applicable</i>	POSTGRADUATE PROGRAM CHAIRMAN'S COMMENT * RECOMMENDED/ NOT RECOMMENDED Date: _____ Signature & stamp : _____	ASSISTANT REGISTRAR'S REVIEW * VALID / NOT VALID Date: _____ Signature & stamp : _____
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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 : _____