

REGISTRATION DATE: .../...../.....

Ref. No. (REG 08)

Application for QUIT

Name as in ID:

Identity Card No.:

Current Address:

.....

Phone No. : Mobile No.:.....

Semester/Year :

Major :.....

Sponsor by :

Reasons:

.....

I declare that the information given is accurate.

Student's Signature: _____

Date:

Secretary General	Vice President for Academic Affair	Faculty Dean	Finance Dept.	Registrar
Comments:	Comments:	Comments:	Comments:	Comments:
Signature & Official Stamp: Date: _____	Signature & Official Stamp: Date: _____	Signature & Official Stamp: Date: _____	Signature & Official Stamp: Date: _____	Signature & Official Stamp: Date: _____

NOTED: (Subject to complying the above comments if applicable).

NOTES

1. Completed form must be submitted to the Registrar's Office.
2. Any incomplete form will NOT be accepted for processing and will be returned to the student.
3. When the form is completed, all documents should be submitted to the students.