

Received No.	AA.06
Received by.	Date.

## Course Add / Drop or Withdrawal

				Date	eMonth_	Year
(Mr./	Mrs./ Ms.)First Nai	ne	Surna	ame		
Teleph	10ne	Email Address	5			
Studer	nt ID					
Degre	e of Study:	Bachelor's Degree	] Master's	Degree		ctoral Degree
Field c	of Study	Faculty				
Add the following course (s): Semester Academic Year						
No.	Course Number	Course Title	Credit Hour(s)	Section	Class Hours	Lecturer's Signature

#### Drop / Withdraw the following course (s): Semester ...... Academic Year .....

	Course Number	Course Title	Credit	Section	For Academic Affairs Officer Only
No.			Hour(s)		
					$\Box$ Withdraw from the database $\Box$ Withdraw (W)
					$\Box$ Withdraw from the database $\Box$ Withdraw (W)
					$\Box$ Withdraw from the database $\Box$ Withdraw (W)

After course(s) has been added / dropped or withdrawn, the total credit hour(s) in the current semester is ...... credits. **NOTE:** Register less than 9 credits or more than 22 credits, Dean's approval is required; unless, it is the last semester to complete the degree's requirements. Importantly, the action should not have any effects on PIM's educational standards and quality. The requests for course add / drop or withdrawal must be completed within the period as indicated in PIM's academic calendar.

Advisor / Representative's comment 
Satisfy the curriculum requirements. Student

Student's signature .....)

Date...... /....... /........

Signature ......)
Dean's comment
Approved
Denied

Signature	
(	)/ /

### 1. <u>Process within the Office of Academic Affairs.</u>

1.1 Assistant Director / Manager's comment				
Process	Do not process			
Signature				
(				

1.2 Results	
Results from ESD	
Signature	()
Results from EVD	
Signature	()

### Course Add / Drop / Withdrawal – Student's Part

(Mr. / Mrs./ Ms.)First Name	Surname		
Student ID	Degree of Study: 🛛 Bachelor's Degree	□ Master's Degree	Doctoral Degree
Field of Study	Faculty		
Officer's Signature		) Date	/

# Instructions to Add / Drop or Withdrawal Course(s)

