



**REQUEST TO ADD/DROP STUDY-UNITS
AFTER OFFICIAL ADD/DROP PERIOD**

ID Card No: _____ *Course:* _____ *Year:* _____

Name: _____

Tel No: _____ *E-mail:* _____

To ADD the following Study-Unit:

Code of Study-Unit: _____ *Semester:* _____

Title of Study-Unit: _____

Reason for Submitting Request after Add/Drop Period: _____

To DROP the following Study-Unit:

Code of Study-Unit: _____ *Semester:* _____

Title of Study-Unit: _____

Reason for Submitting Request after Add/Drop Period: _____

Signature: _____ *Date:* _____

Faculty Officer's Remarks: _____

Signature: _____ *Date:* _____

For Administrative Use

Request Approved

Request Not Approved

Signature: _____ *Date:* _____

For Faculty Use

Receipt No.: _____

Unit/s added/deleted: _____

Signature: _____ *Date:* _____