



APPLICATION FOR CANCELLATION OF ENROLLMENT

Document No.: FM-RO-27-00

Effective Date: June 2, 2014

BILLING NO.: _____

Amount: _____

NAME: _____
Last First Middle

STUDENT NO.: _____ PROGRAM/YEAR: _____

INSTRUCTIONS:

Please submit this form in three (3) copies duly accomplished and with the following requirements attached (only with checks):

- | | |
|---|--|
| <input type="checkbox"/> CM & ID | <input type="checkbox"/> Employment Certificate (if student is employed) |
| <input type="checkbox"/> Letter from parent/guardian | <input type="checkbox"/> Letter of authorization |
| <input type="checkbox"/> Medical Certificate (if student is sick) | |

Any student who wishes to discontinue his studies during the quarter must notify the Office of the Registrar in writing within two (2) weeks from the beginning of classes. The cancellation shall take effect only upon the receipt of his application for the cancellation and approval by the Registrar. Non-compliance with this requirement shall result in forfeiture of the student's right to any refund of fees paid by him in accordance with Section 100 of the 2008 Manual Regulations for Private Higher Education which states that:

"Unless otherwise provided by the institutional policies, rules and regulations, a student who transfers or withdraws in writing, within two (2) weeks after the beginning of classes, and who has already paid the pertinent tuition and other school fees in full or for any length longer than one (1) month, may be charged twenty five percent (25%) of the total amount due for the school term if he withdraws within the first week of classes, or fifty percent (50%) if within the second week of classes, regardless of whether or not he has actually attended classes. The student may be charged for all the school fees in full if he withdraws anytime after the second week of classes."

A student of Mapúa will not be allowed to cancel his enrolment without the written consent of his parents or guardian.

A student who wishes to return to Mapúa two (2) or more quarters after this cancellation of enrollment must apply for reactivation two (2) months prior to enrollment.

I hereby acknowledge that my application for cancellation of enrollment is not final until it is approved by the Registrar.

I will continue attending my classes until I am notified that my application for cancellation for this term has been approved.

I fully understand and agree to the above conditions.

I hereby apply for the cancellation of my enrollment for _____ term AY, _____ because of the following reason/s:

CONFORME:

Parent/Guardian's Signature

Signature/Date

Address & Contact No.

Address & Contact No.

CLEARANCES:

BOOKSTORE	ILMO	LIBRARY
TREASURY DEPARTMENT	BACK ACCOUNT _____ CANCELLATION FEE _____	<i>Payment Validation</i>

Approved by/Date:

Encoded by/Date:

Registrar

R.O. Personnel