

***For GCSC use only***

This is to inform all signatories that the student underwent necessary procedures required by the Guidance and Counseling Services Center.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guidance Counselor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

The Registrar

Bulacan State University

City of Malolos, Bulacan

Sir:

 I have the honor to request that I be allowed to drop the following subject(s) in this semester/summer in my present load \_\_\_\_\_\_\_ units.

 **SUBJECT No. of Units Signature of the Subject Instructor/**

 **Professor in case of dropping**

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 My reason for dropping the subject(s) is

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Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature Over Printed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Course, Year and Section)

RECOMMENDING APPROVAL:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dean

APPROVED:

 ALBERT B. VILLENA

 Registrar IV

**BulSU-OP-OUR-02F23**

**Revision: 0**