



**TARLAC STATE UNIVERSITY**  
**OFFICE OF ADMISSION AND REGISTRATION**  
 Tarlac City  
**DROPPING FORM**

College

Student No.   1st Sem/Trim.  2nd Sem/Trim.  Midyear/3rd Trim. S.Y.

**Last Name**

**First Name**

**Middle Name**

SUBJECT(S) TO DROP	CLASS	UNITS		DAYS	TIME	SESSION		APPROVED		
	SECTION	Lec	Lab			Day	Eve	FACULTY	DEAN	REGISTRAR

Reason(s) for Dropping \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Student Signature