



# APPLICATION FOR CANCELLATION OF ENROLLMENT

Document No.: FM-RO-27-01

Effective Date: July 28, 2017

**BILLING NO.:** \_\_\_\_\_

Amount: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

STUDENT NO.: \_\_\_\_\_ PROGRAM/YEAR: \_\_\_\_\_

NATIONALITY : \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_

### **INSTRUCTIONS:**

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

- CM & ID
- Letter from parent/guardian
- Medical Certificate (if student is sick)
- Employment Certificate (if student is employed)
- Letter of authorization

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 University 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 any time 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 six (6) weeks prior to enrollment.

I hereby acknowledge that my application for cancellation of enrollment is not final until it is approved by the University 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 \_\_\_\_\_ Quarter, AY \_\_\_\_\_ because of the following reason/s:

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

### **CONFORME:**

\_\_\_\_\_  
Parent/Guardian's Signature / Date

\_\_\_\_\_  
Student's Signature/Date

\_\_\_\_\_  
Address & Contact No.

\_\_\_\_\_  
Address

### **CLEARANCES:**

ILMO

LIBRARY

For Foreign Student

FS Section Chief/Date

### **TREASURY DEPARTMENT**

BACK ACCOUNT \_\_\_\_\_

CANCELLATION FEE \_\_\_\_\_

Payment Validation

Approved by/Date:

Encoded by/Date:

University Registrar

R.O. Personnel