POLYTECHNIC COLLEGE OF THE CITY OF MEYCAUAYAN
Pag-asa Street, Malhacan, City of Meycauayan, Bulacan
Tel. No.: (044) 320-5653 / pccm@meycauayan.gov.ph / https://pccm.edu.ph

PCCM ANNEX CAMPUS
Sitio Cabatuhan, Camalig, City of Meycauayan, Bulacan

OFFICE OF THE REGISTRAR

DROPPING FORM - REGISTRAR COPY

(To be accomplished before Midterm Examination)

Name: _____ Academic Year: _____ No.: _____
Course/Year/Section: _____ Semester: _____ Date: _____

SUBJECT CODE	DESCRIPTION	UNITS	INSTRUCTOR'S SIGNATURE

REASON FOR DROPPING: _____

Noted by: **Approved by:**

_____ Printed Name and Signature of Student

_____ Guidance Counselor

_____ College Dean

_____ Program Head

_____ College Registrar

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PCCM ANNEX CAMPUS
Sitio Cabatuhan, Camalig, City of Meycauayan, Bulacan

OFFICE OF THE REGISTRAR

DROPPING FORM - STUDENT COPY

(To be accomplished before Midterm Examination)

Name: _____ Academic Year: _____ No.: _____
Course/Year/Section: _____ Semester: _____ Date: _____

SUBJECT CODE	DESCRIPTION	UNITS	INSTRUCTOR'S SIGNATURE

REASON FOR DROPPING: _____

Noted by: **Approved by:**

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