

F-REG-013
Rev 4 (04/17/18)

REG'S COPY

PRINT ALL ENTRIES

LYCEUM OF THE PHILIPPINES UNIVERSITY

Manila Makati Cavite

Dropping Form

Check : for () all subjects () part of load
Sem./Summer ____ AY 20__ 20 ____

Name: _____

Student No.: _____

Course & Year Level: _____

Reason for Dropping: _____

Subject Code	Section	Faculty Name	Signature of the Faculty	Date

By affixing my signature on this form, I hereby acknowledge and certify that I have carefully read and understood the terms and conditions of the Data Privacy Policy of the Lyceum of the Philippines University (LPU). By providing personal information to LPU, I am confirming that the data is true and correct. I understand that LPU reserves the right to revise any decision made on the basis of information I provided should the information be found to be untrue or incorrect. I likewise agree that any issue that may arise in connection with the processing of my personal information will be settled amicably with LPU before resorting to appropriate arbitration or court proceedings within the Philippine jurisdiction. Finally, I am providing my voluntary consent and authorization to LPU and its duly authorized representatives to lawfully process my / my child's data information.

Signature Over Printed Name of Student

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ACCOUNTING OFFICE'S COPY

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STUDENT'S COPY

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Manila Makati Cavite

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Sem./Summer ____ AY 20__ 20 ____

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