

CAGAYAN STATE UNIVERSITY
Andrews Campus, Tuguegarao City
ADDING, CANCELLING & DROPPING FORM

Student No. _____

Date _____

NAME: _____

Family Name, First Name, M.I.

Course / Year: _____

SUBJECT/S TO BE ADDED

CLASS CODE	COURSE CODE	DESCRIPTIVE TITLE	UNITS

Reason for Adding: _____

SUBJECT/S TO BE CANCELLED

CLASS CODE	COURSE CODE	DESCRIPTIVE TITLE	UNITS

Reason for Cancelling: _____

SUBJECT/S TO BE DROPPED

CLASS CODE	COURSE CODE	DESCRIPTIVE TITLE	UNITS

Reason for Dropping: _____

APPROVED:

Student's Signature

Dean

Registrar