

CAGAYAN STATE UNIVERSITY
Andrews Campus
Tuguegarao City, Cagayan

Form No. Reg. _____

RECORDS MANAGEMENT SERVICES OFFICE
DROP-OUT FORM

_____ Semester S.Y. 20_____

Name: _____ Sex: _____ Date: _____
(Family Name) (Given Name) (MI)

Home Address: _____
Course: _____ Major/Field of Specialization: _____ Year Level: _____

Reason/s for Dropping

Please Check

- | | |
|--|---|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Health |
| <input type="checkbox"/> Physical Threat | <input type="checkbox"/> Death of Parents/Benefactors |
| <input type="checkbox"/> Family Problems | <input type="checkbox"/> Distance from School |
| <input type="checkbox"/> Others _____ | |

Please Specify

Student's Signature over Printed Names

Dean

Guidance Office

University Registrar

Accomplish copy each for:

- | | |
|-------------|----------|
| -Registrar | -College |
| -Accounting | -Student |

REGIS/eva/02/8/14

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