



CANCELLATION OF ENROLLMENT

Date: _____

Dean: _____

College of: _____

University of Negros Occidental – Recoletos

Sir/Madam:

May I request for the cancellation of my enrollment for this semester because of the following reason(s):

Sickness

Change of residence

Financial incapability

Others : _____

I agree to pay necessary charges by the Accounting Office.

Very truly yours,

Printed Name

Signature

Approval

1. Approved – Dean of the College: _____ Date: _____

2. Received and Cancelled ID – DSA Office _____ Date: _____

3. Cleared of Accounts – VP Finance Office _____ Date: _____

4. Implementation of Remarks – Registrar _____ Date: _____

IMPORTANT REMINDER:

Cancellation of your enrollment will be effected only when this form is duly accomplished and submitted to the Registrar’s Office on or before the close of enrollment period.