

## CREDENTIAL AND ENROLLMENT WITHDRAWAL FORM

Date		Reference Number					
Last Name			11	D Number			
First Name			С	Date Confirmed			
Middle Name				Academic Plan Qualified For			
Senior High School			S	Senior High School Track			
Reason for withdrawal of credentials and enrollment from DLSU (please check):							
Prefer	Preferred Academic Plan not offere				Financial Problem		
Distance/Location					Migrate to Another Country		
Parents Decision					Study Abroad		
Recon	Reconsidered in another College/University (please specify the College/University name)						
Scholarship in other College/University (please specify the College/University name)							
Other reason (please specify)							
Documents received from Office of Admissions and Office (please check)							
Original Fourth Y		ar Report Card			Original Birth Certificate		
Photocopy of Diploma							
Others:							
Cignoture ov	or Drintod						
Signature over Printed Name (Applicant)					Date		
Signature over Printed Name (Representative)					Date		
Relationship to Applicant					ID Presented		
OAS USE	Credentials Release	eased			Date		
OUR USE	Enrollment With Processed by	ollment Withdrawal cessed by			Date		

## **IMPORTANT REMINDERS**

- 1. Credentials requested **before** 3:00 pm will be released at 4:00 pm, the same day.
- 2. Credentials requested after 3:00 pm will be released at 4:00 pm, the next working day.