

## Apologize Form

For Student Use		
College of:	Concentration:	Semester:
Student Name:		Student ID:
Contact Tel:	Mobile:	E-mail:
From Semester:		To Semester:
<p><b><u>Student:</u></b></p> <p style="text-align: center;">I hereby requested to <b><u>DROP</u></b> all my registered courses.</p> <p>Student signature: _____ Date:     /     /</p>		

For Official Use		
<b>Finance Department</b>		
<i>It is confirmed that all the financial settlements have been completed.</i>		
Name:	Signature:	Date:     /     /
<b>Attendance Accounting Officer</b>		
<i>It is confirmed that the student does not have a denial in the course(s)</i>		
Name:	Signature:	Date:     /     /
<b>e-Register Confirmation</b>		
Name:	Signature:	Date:     /     /

### Important Reminder

It is the responsibility of the student to reactivate his/her registration before the beginning of the following semester (three weeks in-advance). The University is not responsible for any delays.