

STUDENT'S COPY

DROPPING SLIP

COLLEGE OF PHARMACY
University of the Philippines Manila

Name: _____
Student No. _____
Subject Dropped _____
Number of Units _____
Reasons for Dropping _____

TO BE FILLED IN BY THE INSTRUCTOR
Student's Class Standing _____

Instructor's Name in Print

Instructor's Signature Date

College Secretary

Fee Charged O.R # Date

Registrar

INSTRUCTOR'S COPY

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Registrar

REGISTRAR'S COPY

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DEAN'S COPY

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