Pha	aros	University	in	Alexandria
_	_			





Withdraw Form

First Nam	ne	Middle Name CGPA		Last Name	
ID				Mobile Numbe	,
Semester Fall Spring Summer	/ Year	Level ☐ Freshman ☐ Sophomore ☐ Junior ☐ Mid-Senior ☐ Senior		Department	
Course Code	Course Tit	le	Credit Hrs	Pre-requisite	
	Student's Signature		Acader	nic Advisor's Signature	
	Student Affairs			Date	

Original form: Student Affairs Copy 1: Academic Advisor Copy 2: Student