



## DISMISSAL WAIVING REQUEST FORM

### STUDENT INFORMATION

ID#: \_\_\_\_\_ Name: \_\_\_\_\_  
Major: \_\_\_\_\_ Semester:  1st  2nd Year: 20\_\_\_\_ - 20\_\_\_\_  
CGPA: \_\_\_\_\_ Reason for Dismissal:  Low CGPA  Exceeding the Maximum Time Frame

### Instructions

Attach all the supporting documents and evidences of any exceptional circumstances that negatively affected the academic performance.

### FOR STUDENT USE

Justification:

---

---

---

---

---

---

---

---

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DEAN OF STUDENTS APPROVAL

Decision:  Approved  Not approved

Dean of Students' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### UNIVERSITY COUNCIL APPROVAL

Decision:  Approved  Not approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REGISTRATION UNIT USE

Registration Unit's Signature: \_\_\_\_\_ Date: \_\_\_\_\_