ARELLANO UNIVERSITY
SCHOOL OF LAW
Taft Avenue corner Menlo Street, Pasay City, Philippines

APPLICATION FOR ACADEMIC LOAD REVISION
[ ] 1st Semester   [ ] 2nd Semester   School Year _____-_____

Full Name: _____   **Student No.:** _____

Contact No./Email: _____   **Year Level:** _____

WITHDRAW*/DROP FROM THE FOLLOWING SUBJECT/S

	SUBJECT/CODE	UNITS	CLASS SCHEDULE	PROF. NAME/SIGNATURE	REMARKS
1. [ ]					
2. [ ]					
3. [ ]					
4. [ ]					
5. [ ]					
6. [ ]					
7. [ ]					
8. [ ]					
9. [ ]					
10. [ ]					

* Note: **COMPLETE WITHDRAWAL OF SUBJECTS.**
[Attach letter stating reason/s and file leave of absence (AUSL Form No. RO7) if planning to enroll in the institution within one (1) year.]

ADD THE FOLLOWING SUBJECT/S

	SUBJECT/CODE	UNITS	CLASS SCHEDULE	PROF. NAME/SIGNATURE	REMARKS
1. [ ]					
2. [ ]					
3. [ ]					
4. [ ]					
5. [ ]					
6. [ ]					
7. [ ]					

TOTAL UNITS OF LOAD **BEFORE REVISION**		TOTAL UNITS OF LOAD **AFTER REVISION**	

REASON/S

[ ] Conflict of Schedule   Other Reason/s: _____
[ ] Subject/s Dissolved   _____
                               _____

NOTE
The student undertakes that any revision applied for shall be in accordance with the required sequence of subjects under the approved curriculum. Subjects enrolled in violation of the sequence of subjects shall be given no credit.

Received by: _____   _____

Date Received: _____   *Student's Signature*

Approved:

Dean: _____

Date: _____

Remarks: _____

_____

_____

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