

**SOCIALIST REPUBLIC OF VIETNAM**

**Independence – Freedom – Happiness**

**APPLICATION FOR WITHDRAWAL FROM COURSE**

**Semester: ..... School Year: 20.....-20.....**

- To: - Head of Academic Office - The Saigon International University;  
- Dean of School of .....;  
- Academic advisor.

Full name (*capital letters*): ..... Date of birth: .....

Student ID number: ..... Major: ..... Class: .....

Education Level: ..... Education Type: .....

Number of registered credits: .....

I am currently submitting this application to withdraw from registered courses.

Reason:

.....

This is the list of withdrawal from course(s):

No.	Code of course	Name of course	Class code	Number of credits	Approval of Academic Office
1.					
2.					
3.					
<b>Total number of credits</b>					

Ho Chi Minh City, .... / .... / 20.....

**STUDENT**

(Sign and write down full name)

**FEEDBACK OF ACADEMIC ADVISOR**

.....

Ho Chi Minh City, ..... / ..... / 20.....

(Sign and write down full name)

**APPROVAL OF ACADEMIC OFFICE**

Allow students to withdraw from ..... credits.

Ho Chi Minh City, ..... / ..... / 20.....

**Note:** Enclosed with this form, students must submit a valid **course registration result sheet** of the next semester.