

University of the Philippines
PERMIT FOR COMPLETION/REMOVAL EXAMINATION
College of _____

Student No.: _____

Date: _____

Mr/Ms _____ is hereby permitted to submit completion requirements/take
(Printed Name)

removal examination in _____ incurred in the ___ Semester 20 ___ - 20 ___ .

Fee: _____ OR # _____ (Subject) Date of Payment: _____

APPROVED: _____
College Secretary

Date of Examination/Completion: _____ by: _____
Instructor's Signature over Printed Name

Note: No removal examination/completion of Inc shall be given without this permit duly approved.

IF EXAMINATION/COMPLETION IS BEYOND THE DATE OF EXAMINATION/COMPLETION, IT WILL BE INVALID. This permit must be attached to the report of the Instructor/Professor giving the removal/completion.

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