UNIVERSITY OF THE PHILIPPINES Diliman, Quezon City

Name:				Student No.	Cou	rse	Year	Date	
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C - II C									
College of									
I have the honor to reques	t for the	e following substitutio	n:						
		Subject Taken			Grade Reason				
						Respectfully yo	urs.		
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							Signature of Stud	lont	
Recommendation of the Program	n Advis	er:			Recommenda	ation of Offering U	nit:/Program/Depar		
Approval /_/					Approve				
Disapproval ///					Disappr	oved			
Signature over printed Name				te		Signature over pr	inted Name	 Date	
Pocommonding annuals								Dutte	
Recommending approval:		Rec	Recommending approval:			Action Taken:			
						Approved			
Signature over printed name			Ciar	Signature over printed name					
Division Chair (Subject Required)			Signature over printed name Division Chair (Subject Taken)						
Date:			Date:						
						,Dea	an/Director	Date	