

The Dean
College of Science
University of the Philippines

Name: _____

Sir:

I have the honor to request for the following substitution(s)

SUBJECT REQUIRED	No. of Units	SUBJECT TAKEN	No. of Units	When Taken	GRADES*	REASON

Recommended for approval by:

ADVISER: _____
Name in Print & Signature

Signature of Student _____

Director/Chairman, Inst./Dept. of _____
(Where degree course is offered)

ACTION OF THE DEAN: APPROVED DISAPPROVED

Name in Print & Signature

BY: _____
College Secretary/Ast. College Secretary

Director/Chairman, Inst./Dept. of _____
(Where subject for substitution was offered)

Name in Print & Signature

Director/Chairman, Inst./Dept. of _____
(Where required subject is offered)

Name in Print & Signature

COPY FOR: Office of the Registrar
 Office of the College Secretary
 Inst./Dept. of _____
 Student