

UNIVERSITY OF THE PHILIPPINES VISAYAS

GRADUATE SCHOOL





APPLICATION FOR SUBSTITUTION OF COURSES

The Dean Graduate School UP VIsayas, Iloilo City							Date	
Dear Sir/Mada	ım,							
have the hon	or to req	uest for the foll	owing sul	bstitution:				
SUBJECT/S REQUIRED		SUBJECT/S TAKEN		COURSE TITLE OF	College & CU where the	Semester & AY when the course	Grade	Signature of the Instructor of the Subject Required
Course Code & Number	Units	Course Code & Number	Units	SUBJECT TAKEN	course was taken	was taken	Obtained	Jubject Nequireu
There is	t's curriculus s conflict of ed subject is s (Please s	f hours between to s not offered durin	wo required		itution tends to bi	ing the old curric	culum in line v	with the new
Student Number					Email:			
			Degree	Program				
RECOMMENDATION Approval / Disapproval:					ACTION APPROVED / DISAPPROVED:			
Program Adviser				 Date		,	210/11 1110	
Approval / Disapproval:					Grad	uate School Dear	1	Date
Graduate Program Coordinator			Date	REQUIRED ATTACHMENTS: (Please check if submitted)				
Approval / Disapproval:					Outlines of the courses taken and substitute courses Evaluation of the faculty-in-charge of the substitute course			
Graduate Program Coordinator offering the course to be substituted (or Dean of the College if same Institute/Division/Department as above				Date	Copy for OUR, OCS & Student			