UNIVERSITY OF THE PHILIPPINES Diliman, Quezon City

Name		REQUEST FO	OR SUBSTITUTION	OF SUBJECTS WITHIN	THE COLLEGE C	OF EDUCATION			
Name:				Student No.		irse	Year	Date	
The Dean									
College of									
I have the honor to rea	augst for th	o following to the							
I have the honor to red Subject Required	Units	Subject Taken*		Compostor Tales					
		Judject Taken	Units	Semester Taken	Grade		Reason		
				,					
*Note: Rules on pre-requis	ite courses	-74							
						Respectfully your	s,		
Recommendation of the Dro	~ A						Signature of Stud	ent	
Recommendation of the Program Adviser: Approval				Recommendation of Offering Area/Program: Approved					
Disapproval					Disappro	oved			
	Signature o	ver printed Name	Da	te		Signature over print	ted Name	Date	
Recommending approval:									
necommending approval.			Recommending approval:			Action Taken: Approved			
Signature over printed name Division Chair (Subject Required) Date:			Signature over printed name Division Chair (Subject Taken) Date:			Disapproved			
						Dean,	/Director	Date	