



**PERMIT TO GIVE EXAMINATION/HOLD CLASS
OUTSIDE OF REGULAR CLASS SCHEDULE**

Course Number:	<u>AgSc 20</u>	Course Title:	<u>BASIC FARM MACHINERIES AND MECHANIZATION</u>
Semester	<u>1st</u> <input type="checkbox"/> <u>2nd</u> <input type="checkbox"/>	Academic Year:	<u>2023 - 2024</u>
<input type="checkbox"/> Lecture	<input checked="" type="checkbox"/> Laboratory	Regular Class Schedule:	<u>M 10:00 - 1:00</u>
May I request to <input type="checkbox"/> hold exam <input checked="" type="checkbox"/> conduct class outside of the regular schedule to			
(date and time) <u>May 4, 2024 (1:00 - 4:00 p.m.)</u> at the (venue) <u>ONLINE</u>			
for the following reasons:			
<input type="checkbox"/> Exam in departmental and students taking the exam belong to different sections.			
<input type="checkbox"/> Regular meeting day has declared a holiday			
<input checked="" type="checkbox"/> other (please specify) <u>class suspension for Alay Linis</u>			
I hereby certify that the above schedule is agreed upon by all students concerned and not in conflict with any calendared University activity. Students who cannot take the exam/attend the Class due to justifiable reason agreed to make up at a convenient time.			
<u>ANGELA R. ESOTOTO</u> Signature over Printed Name of Faculty			
Recommending Approval:	Noted:	Approved:	
<u>DIONESIO M. BANO</u>	<u>CHONA A. BRIT</u>	<u>VICTOR B. ASIO</u>	
Department Head	Dean of Students	College Dean	
Date: _____	Date: _____	Date: _____	

to be accomplished after the examination/class was conducted
CERTIFICATION

This is to certify that the above examination/make-up class was conducted on:

☐ date(s), time, and venue stated above

☐ Changed schedule: Date: _____ Time: _____

Venue: _____

If changed, state reason(s): _____

Certified True and Correct:

ANGELA R. ESOTOTO
Name and Signature of Faculty
Date: 4/29/2024

DIONESIO M. BANO
Name and Signature of Department Head
Date: _____

* to be accomplished in 3 copies

