



DEPARTMENT OF PURE AND APPLIED CHEMISTRY

Visca, Baybay City, Leyte, PHILIPPINES Telefax: +63-563-7747 Email:dopac @vsu.edu.ph

	MIT TO GIVE EXAM TSIDE OF REGULA	NAME OF TAXABLE PARTY OF TAXABLE PARTY.			
Course Number: Chem 17	_ 2 nd A	ourse Title: cademic ear:	Biochemistry (lecture)		
[] Lecture [] Labora	nedule: 1Th 4:00-5:30				
			outside of the regular schedule to		
(date and time) F16-23	i:00-7:30pmat the (venu	ie) 1/DYA	C-209B		
for the following reasons:					
Regular meeting other (please sp	day has declared a holicocity) Light the above schedule is a University activity. Students	day Jan. 2 (16 agreed upon bents who cann			
		Sign	nature over Printed Name of Faculty		
Recommending Approval:	Noted:	B. LORETO	Approved: MA. THERESA P. LORETO		
Department Head		of Students College Dean			
Date:	Date:	Date:			
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:					
Certified True and Correct:		EL C	ARETH & OHEVERO		
Name and Signature Date:	of Faculty	Name and Signature of Department Head Date:			

^{*} to be accomplished in 3 copies





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			EXAMINATION/HO GULAR CLASS SC		
Course Number: Semester	Chem	123 _2 nd		Natural Products Chemistry	
[/ Lecture	[] Labora	atory	Regular Class Sche	dule: 11/10 -1:00 pm	
				tside of the regular schedule to	
(date and time)	1-25-23	:00-12:30 pat the	(venue) PofAC	- 20913	
for the following rea	isons:				
[] Re [] oth I here! not in conflict with a	gular meeting ner (please sp by certify that ny calendared	t the above sched University activity	d a holiday on Joh. 12 (Thu) dule is agreed upon by a students who cannot	all students concerned and take the exam/attend the	
				HEND L. BANDIBAS ture over Printed Name of Faculty	
Recommending Approval: Charles S. QUEVEDO		Noted:	IOLO B. LORETO	Approved:	
	Department Head		ean of Students	MA. THERESA P. LORETO College Dean	
Date:				Date:	
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:					
Certified True and				BETH S. QUEVEDO	
	d Signature		Name and Date:	Signature of Department Head	

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