



**VISAYAS**  
STATE UNIVERSITY

INSTITUTE FOR  
**STRATEGIC RESEARCH  
AND DEVELOPMENT  
STUDIES**

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

Course Number: DSOC 227 Course Title: Political Economy  
Semester: 1<sup>st</sup> / 2<sup>nd</sup> Academic Year: 2024-2025  
☐ Lecture ☐ Laboratory Regular Class Schedule: W 5:00-8:00PM

May I request to ☐ hold exam ☐ conduct class outside of the regular schedule to  
(date and time) April 2, 2025 8:00-10:00 PM at the (venue) DPSS Meeting Rm

for the following reasons:

- ☐ Exam in departmental and students taking the exam belong to different sections.  
☐ Regular meeting day has declared a holiday  
☐ other (please specify) On-leave because of family matters

**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.

BETHLEHEM A. PONCE

Signature over Printed Name of Faculty

|   |  |   |
|---|--|---|
| Recommending Approval:<br><u>LILIAN B. NUÑEZ</u><br>Department Head | Noted:<br><u>CHRISTINA A. GABRILLO</u><br>Director, Student Affairs & Services | Approved:<br><u>MARIA VANESSA E. GABUNADA</u><br>Dean, FHSS |
| 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:

\_\_\_\_\_  
Name and Signature of Faculty  
Date: \_\_\_\_\_

LILIAN B. NUÑEZ  
Name and Signature of Department Head  
Date: \_\_\_\_\_

\* to be accomplished in 3 copies



**INSTITUTE FOR STRATEGIC RESEARCH  
AND DEVELOPMENT STUDIES**

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