



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

Course Number:
Semester

Agro 123
1st 2nd

Course Title:
Academic
Year:

Seed Technology
2024 - 2025

[] Lecture

☒ Laboratory

Regular Class Schedule:

Wednesday 7-10

May I request to ☒ hold exam [] conduct class outside of the regular schedule to

(date and time)

May 24, 2024 9-5 pm

at the (venue)

DA-203

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) _____

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.

JOANNAH O. QUILARIO

Signature over Printed Name of Faculty

Recommending Approval:

LIZ G. ASID

Department Head

Noted:

CHRISTINA A. GABRILLO

Director, SAS

Approved:

UZETTE B. LINA

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:

JOANNAH O. QUILARIO

Name and Signature of Faculty

Date: 5/14/25

LIZ G. ASID

Name and Signature of Department Head

Date: 5/14/25

* to be accomplished in 3 copies

