



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

Course Number: AgSc 21 Course Title: Introduction to Water Management and Irrigation  
Semester: 1<sup>st</sup> X 2<sup>nd</sup> Academic Year: 2024 - 2025  
☐ Lecture ☒ Laboratory Regular Class Schedule: Mon 7:00-10:00 AM; Tue 10:00AM-1:00PM; Wed 10:00AM-1:00PM; Wed 1:00-4:00PM; Wed 4:00-7:00PM

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

(date and time) May 17, 2025 (7:00AM-5:00PM) at the (venue) DA 202

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) Class suspensions and holiday was declared during the regular meeting

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.

SHIELA MAE T. SARCO  
Signature over Printed Name of Faculty

Recommending Approval: LUZ G. ASIO, PhD. Department Head, DA	Noted: CHRISTINA A. GABRILLO, PhD. Director, SAS	Approved: SUZETTE B. LINA, PhD. College Dean, FAFS
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:

SHIELA MAE T. SARCO  
Name and Signature of Faculty  
Date: 5/14/25

LUZ G. ASIO, PhD.  
Name and Signature of Department Head  
Date: 5/14/25

\* to be accomplished in 3 copies

