



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

Course Number: AgSc 20 Course Title: Basic Farm Machineries and Mechanization
Semester: 1st X 2nd Academic Year: 2024 - 2025
☐ Lecture ☒ Laboratory Regular Class Schedule: Mon 10:00AM-1:00PM

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

(date and time) May 18, 2025 (3:00-5:00pm) 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.

SHIELA MAE T. SARCO
Signature over Printed Name of Faculty

Recommending Approval: <u>LUZ G. ASIO, PhD.</u> Department Head, DA	Noted: <u>CHRISTINA A. GABRILLO, PhD.</u> Director, SAS	Approved: <u>SUZETTE B. LINA, PhD.</u> 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

