



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

Course Number: AgEc 197 Course Title: Methods of Agricultural Research
Semester: 1st - 2nd Academic Year: 2025 - 2026
[] Lecture [x] Laboratory Regular Class Schedule: W - 4-7 PM

May I request to [] hold exam [x] conduct class outside of the regular schedule to
(date and time) Oct 4, 2025 1-4 PM at the (venue) Room 35

for the following reasons:

- [] Exam in departmental and students taking the exam belong to different sections.
[] Regular meeting day has declared a holiday
[x] other (please specify) Class interruptions brought by VSN activities

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.

KARL JOHN A. GALVEZ
Signature over Printed Name of Faculty

Recommending Approval: <u>LEMUEL S. PRECIADOS</u> Department Head	Noted: <u>CHRISTINA A. GABRILLO</u> Dean of Students	Approved: <u>MARK C. RATILLA</u> 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:

Name and Signature of Faculty
Date: _____

LEMUEL S. PRECIADOS
Name and Signature of Department Head
Date: _____

*to be accomplished in 3 copies

