



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

Course Number: _____ Course Title: _____
Semester _____ 1st _____ 2nd _____ Academic _____ - _____
Year: _____

☐ Lecture ☐ Laboratory Regular Class Schedule: _____

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

(date and time) _____ at the (venue) _____

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.

NOEL A. CAGASAN

Signature over Printed Name of Faculty

Recommending Approval:	Noted:	Approved:
JOY A. BELLEN	MANOLO B. LORETO, JR.	JOY A. BELLEN
Department Head	Dean of Students	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: _____

JOY A. BELLEN

Name and Signature of Department Head

Date: _____

** to be accomplished in 3 copies*