



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

Course Number: AgSc 20 Course Title: Basic Farm Machineries and Mechanization  
Semester 1<sup>st</sup> 2<sup>nd</sup> Academic 2023 - 2024  
Year: \_\_\_\_\_  
☐ Lecture ☒ Laboratory Regular Class Schedule: W (1-4)

May I request to ☐ hold exam ☒ conduct class outside of the regular schedule to  
(date and time) 3/8/2024 (1-4) at the (venue) Department of Agronomy Rm 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) Make up class as regular meeting was suspended last 2/14/2024

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.

QUIMON R. CANETE

Signature over Printed Name of Faculty

Recommending Approval: <u>DIONESIO M. BAÑOC</u> Department Head	Noted: <u>CHONA A. BRIT</u> Dean of Students	Approved: <u>VICTOR B. ACIO</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:

QUIMON R. CANETE

Name and Signature of Faculty

Date: \_\_\_\_\_

DIONESIO M. BAÑOC

Name and Signature of Department Head

Date: \_\_\_\_\_

*\* to be accomplished in 3 copies*



**DEPARTMENT OF AGRONOMY**

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