



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

Course Number: <u>Mete 136</u>		Course Title: <u>Meteorological Instruments and Meteorological Observation</u>	
Semester: <u>1<sup>st</sup></u> <input checked="" type="checkbox"/> <u>2<sup>nd</sup></u>		Academic Year: <u>2022 - 2023</u>	
<input checked="" type="checkbox"/> Lecture <input type="checkbox"/> Laboratory		Regular Class Schedule: <u>MTh 2:30-4:00</u>	
May I request to <input type="checkbox"/> hold exam <input checked="" type="checkbox"/> conduct class outside of the regular schedule to			
(date and time) <u>April 04, 11, &amp; 14, 2023</u> <u>(17:30-19:00)</u>		at the (venue) <u>EB – 104 Annex</u>	
for the following reasons:			
<input type="checkbox"/> Exam in departmental and students taking the exam belong to different sections. <input type="checkbox"/> Regular meeting day has declared a holiday <input checked="" type="checkbox"/> other ( <i>please specify</i> ) <u>Conduct of CET-wide CQI seminar and Meteorological Week</u>			
<p><b>I hereby certify that</b> 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.</p>			
<b>RUD LUIS G. GONZAGA</b> Signature over Printed Name of Faculty			
Recommending Approval:	Noted:	Approved:	
<b>CHARLIE S. ANDAN</b>	<b>MANOLO B. LORETO, Jr.</b>	<b>JANNET C. BENCURE</b>	
Department Head	Dean of Students	College Dean	
Date: _____	Date: _____	Date: _____	
<i>to be accomplished after the examination/class was conducted</i> <b>CERTIFICATION</b>			
This is to certify that the above examination/make-up class was conducted on:			
<input type="checkbox"/> date(s), time, and venue stated above			
<input type="checkbox"/> Changed schedule: Date: _____ Time: _____			
Venue: _____			
If changed, state reason(s): _____			
Certified True and Correct:			
<b>RUD LUIS G. GONZAGA</b> Name and Signature of Faculty Date: _____		<b>CHARLIE S. ANDAN</b> Name and Signature of Department Head Date: _____	

*\* to be accomplished in 3 copies*