



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

Course Number: AgSc III Course Title: POSTHARVEST HANDLING & SEED TECHNOLOGY
Semester: 1st 2nd Academic: 2024 - 2025
Year: MONDAY 1-4
Regular Class Schedule: TUESDAY 7-10; 10-1; 1-4; 4-7
WEDNESDAY 7-10; 10-1; 1-4
THURSDAY 7-10; 1-4 FRIDAY 1-4; 4-7
[] Lecture [x] Laboratory
May I request to [x] hold exam [] conduct class outside of the regular schedule to

(date and time) MARCH 15, 2025 8:00-5:00 at the (venue) DEPARTMENT OF AGRONOMY
for the following reasons:

- [x] 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.

MA. GWENETH M. ADIT
Signature over Printed Name of Faculty

Recommending Approval: <u>LUIZ G. ASIO</u> Department Head	Noted: <u>CHRISTINA A. GABRILLO</u> Dean of Students	Approved: <u>GWENETH B. LINA</u> College Dean
Date: <u>3/6/25</u>	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:

MA. GWENETH M. ADIT
Name and Signature of Faculty
Date: 3/6/25

LUIZ G. ASIO
Name and Signature of Department Head
Date: _____

** to be accomplished in 3 copies*

