UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
GRADUATE SCHOOL
College, Laguna

Date

Department/Institute: ________________________________
College of ________________________________

TO WHOM IT MAY CONCERN:

The bearer, ________________________________, needs to

( ) - take an examination
( ) - submit a term paper, report
( ) - others, specify ________________________________

in order to remove his/her grade of "4.00/Inc." in ________________________________.

Signature of Instructor

Printed Name of Instructor

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UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
GRADUATE SCHOOL
College, Laguna

REMOVAL PERMIT

<table>
<thead>
<tr>
<th>Student No.</th>
<th>(Family Name)</th>
<th>(First Name)</th>
<th>(M.I.)</th>
<th>College</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Units</th>
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</thead>
</table>

4.00/INC.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Sem./Summer/School Year Incurred</th>
<th>Instructor/Professor</th>
</tr>
</thead>
</table>

To the Instructor/Professor Concerned:

The student is hereby permitted to take the removal/completion examination.

Date

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PAMELA A. CUSTODIO
Graduate School Secretary