

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

UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
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REMOVAL PERMIT

Student No. (Family Name) (First Name) (M.I.) College

Course Number Course Title Units

4.00/INC.

Grade Sem./Summer/School Year Incurred Instructor/Professor

To the Instructor/Professor Concerned:

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

Date

MARK DONDI M. ARBOLEDA
OIC Graduate School Secretary

Removal Permit/mis