Form 13

University of Science and Technology of Southern Philippines

Alubijid | Cagayan de Oro | Claveria | Jasaan | Oroquieta | Panaon

Exam Permit Exemption Request Form

TO: CONCERNED PROCTOR/TEACHER

Date : ______________________________ Course Subject: ____

ID No. : _____________________________ Name of Instructor: ____

Name : ______________________________ Subject Schedule : ____

Course/Year & Section : ______________ Room Assignment : ____

Reason(s) for request:

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REMARKS/ACTION TAKEN:

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This Permit is VALID ONLY UNTIL

APPROVED:

DR. AMPARO V. DINAGSAO
Director, Student Affairs
This University

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