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08 May 2014

MEMORANDUM ECA NO. 014-24

TO:

ALL FACULTY

THROUGH: COLLEGE DEANS and COLLEGE SECRETARIES

FROM:

EVANGELINE C. AMOR, Ph.D.

University Registrar

SUBJECT:

PERMIT FOR REMOVAL/COMPLETION FORM

Please be reminded that students who will be completing an INC or removing a grade of "4", must be enrolled and must also accomplish the completion/removal permit form. The permit is to verify the enrolment and the grade of the student.

Attached is the revised Permit for Removal/Completion Form.

Thank you very much for your cooperation.

University of the Philippines PERMIT FOR COMPLETION/REMOVAL EXAMINATION College of

Student No.:	College of	Date:
Mr/Ms		is hereby permitted to submit completion requirements/take
removal examination in	(Subject)	incurred in the Semester 20 20
Fee:OR		Date of Payment:
		APPROVED:
		College Secretary
Date of Examination/Completion: _		by: Instructor's Signature over Printed Name
IF EXAMINATION/COMPLETION IS	BEYOND THE D	be given without this permit duly approved. DATE OF EXAMINATION/COMPLETION, IT WILL BE INVALID. This r/Professor giving the removal/completion.
UP Form 25 (Revised 03 May 2014)	=========	INSTRUCTOR'S COPY
PE	RMIT FOR COME	ersity of the Philippines IPLETION/REMOVAL EXAMINATION
Student No.:		Date:
Mr/Ms		is hereby permitted to submit completion requirements/take
(Printed Name)		in a summer districts and the summer districts
removal examination in	(Subject)	incurred in the Semester 20 20
Fee: OF		Date of Payment:
		APPROVED:
Data of Evancination /Completion		College Secretary
Date of Examination/Completion:		by: Instructor's Signature over Printed Name
IF EXAMINATION/COMPLETION IS permit must be attached to the report	BEYOND THE D of the Instructor/	be given without this permit duly approved. DATE OF EXAMINATION/COMPLETION, IT WILL BE INVALID. This r/Professor giving the removal/completion.
UP Form 25 (Revised 03 May 2014)		COLLEGE SECRETARY'S COPY
PE	RMIT FOR COME	ersity of the Philippines IPLETION/REMOVAL EXAMINATION
Student No.:	College of	
Mr/Ms		is hereby permitted to submit completion requirements/take
		incurred in the Semester 20 20
	(Subject)	
Fee: OF	. #	Date of Payment:
		APPROVED:
Date of Examination/Completion:		College Secretary
Date of Examination/Completion.		by: by: Instructor's Signature over Printed Name

Note: No removal examination/completion of Inc shall be given without this permit duly approved.

IF EXAMINATION/COMPLETION IS BEYOND THE DATE OF EXAMINATION/COMPLETION, IT WILL BE INVALID. This permit must be attached to the report of the Instructor/Professor giving the removal/completion.