

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

Student No.: \_\_\_\_\_  
BS \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

Mr./Ms. \_\_\_\_\_ is hereby permitted to submit completion requirements/take removal  
(PRINTED NAME)  
examination in \_\_\_\_\_ incurred in the \_\_\_\_\_ semester 20\_\_\_\_ - 20\_\_\_\_.  
(SUBJECT)

Fee: \_\_\_\_\_ O.R. No. \_\_\_\_\_ Date of Payment: \_\_\_\_\_

APPROVED: **MA. NERISSA MASANGKAY ABARA, PhD**  
College Secretary

Date of Examination / Completion: \_\_\_\_\_ by: \_\_\_\_\_  
Signature over Printed Name of  
Faculty Administering the Removal/Completion Exam

**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.

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