



COLLEGE OF SCIENCE
University of the Philippines
Diliman, Quezon City 1101
Philippines



EXCUSE SLIP

NAME _____

STUDENT NO. _____

Date

I am respectfully requesting that I be excused for my absence on the subject/s listed below, on _____
(inclusive date/s)

for the following reasons: _____

Signature over printed Name

Document(s) submitted:

- Medical certificate from the Univ. Health Service
- Letter from parents/guardian
- Others _____

College Secretary's Action

- For Teacher's Discretion
- Endorsed

MA. NERISSA MASANGKAY ABARA, PhD

College Secretary

| SUBJECT/S | DATE | TEACHER'S SIGNATURE |
|-----------|------|---------------------|
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NOTE: In case of sickness, attach a **MEDICAL CERTIFICATE** from the UP Health Service.