



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

PERMIT FOR COMPLETION

Student Number: _____ Degree Program: _____

_____ is hereby permitted to submit
(Printed Name of Student)

completion requirements / take removal examination:

Subjects/s	Semester	Date of Examination/ Completion	Name of Faculty	Signature of Faculty

APPROVED:

 EIZADORA T. YU, Ph.D.
 Associate Dean for Mentoring
 Academic Progress and Advancement