

**University of the Philippines  
Diliman, Quezon City**

**CERTIFICATION FOR COURSE EQUIVALENCY/IES**

Name	Student No.	Degree Program	Year Level	Date

The Dean  
College of SCIENCE

I have the honor to request for the following course equivalency/ies:

Subject Required	Units	Subject taken	Units	Semester Taken	Grades*	Reason

*\*To be filled by the Student Records Evaluator, Office of the College Secretary.*

Respectfully Yours,

\_\_\_\_\_  
Signature over printed name of Student

**Recommending Approval:**

\_\_\_\_\_  
Signature over printed name of Program Adviser

\_\_\_\_\_  
Signature over printed name of Director  
(Where degree program is offered)

Recommending approval:  _____ Signature over printed name Director/Dept. Chair (Subject Required)	<b>Institute/ Dept.</b>	Recommending approval:  _____ Signature over printed name Director/Dept. Chair (Subject Taken)	<b>Institute/ Dept.</b>	Action Taken for the Dean: Approved    / / Disapproved / /  <p style="text-align: center;"><b><u>GIOVANNI A. TAPANG, PhD</u></b> Dean, College of Science</p>
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