

**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)	Action Taken for the Dean: Approved / / Disapproved / / <p align="center">GIOVANNI A. TAPANG, PhD Dean, College of Science</p>
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