



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



EXCUSE SLIP

NAME: _____

DEGREE PROGRAM: _____

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

NOTE: In case of sickness, attach a **MEDICAL CERTIFICATE** from the UP Health Service.