

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

REQUEST FOR SUBSTITUTION OF SUBJECT/S

Name	Student No.	Degree Program	Year Level	Date

The Dean
College of SCIENCE

I have the honor to request for the following substitution(s):

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)	Institute/ Dept.	Recommending approval: _____ Signature over printed name Director/Dept. Chair (Subject Taken)	Institute/ Dept.	Action Taken for the Dean: Approved / / Disapproved / / _____ Dean/ Director
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