

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

CERTIFICATION FOR COURSE EQUIVALENCY/IES

Name of Student	Student No.	Degree Program	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, Graduate Office*

Respectfully Yours,

Signature over printed name of Student

Recommending Approval:

Signature over printed name of Program Adviser

Signature over printed name of Director/Coordinator
(Where degree program is offered)

Recommending approval: _____ Signature over printed name Director/Coordinator (Subject Required)	Recommending approval: MANUEL JOSEPH C. LOQUIAS, Dr. math. _____ Signature over printed name Associate Dean for Mentoring, Academic Progress, and Advancement (ADMAPA)	Action Taken for the Dean: Approved / / Disapproved / / <u>CYNTHIA P. SALOMA, Ph.D.</u> Dean, College of Science
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