U. P. Form 44

University of the Philippines
COLLEGE OF SCIENCE

VALIDATION PERMIT

Date: _____

Chairman/Director:

Please examine Mr./Ms. _____ , Student # _____ , BS _____
(NAME OF STUDENT) (DEGREE PROGRAM)

for the award of advance credit to which he/she may be entitled under the regulations adopted by the University Council.

_____ **MARIE CHRISTINE M. OBUSAN, PhD**
Institute Director College Secretary

Course completed in another school (_____)		Equivalent courses in the University of the Philippines		Department/ College	ACTION Passed/Failed	Signature over Printed Name	Date
	Units		Units				

Respectfully forwarded to the University Registrar, as approved and as indicated above.

CYNTHIA P. SALOMA, PhD
DEAN, College of Science