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:	Action Taken for the Dean:
	Approved
	Disapproved ,
Signature over printed name Director/Dept. Chair (Subject Required)	**CYNTHIA P. SALOMA, PhD** Dean, College of Science

Copy for: [ ] Office of the Registrar [ ] Office of the College Secretary [ ] Institute/Department of ______________________ [ ] Student