



COLLEGE OF SCIENCE

University of the Philippines
Diliman, Quezon City 1101
Philippines



EXCUSE SLIP

NAME _____

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

MARIE CHRISTINE M. OBUSAN, PhD

College Secretary

SUBJECT/S	DATE	TEACHER'S SIGNATURE

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