Office of the Associate Dean for Academic Affairs

GRADUATE OFFICE

APPEAL FOR WAIVER OF PREREQUISITE FORM

**for equivalent courses completed at another UP unit*

Date: _____

DR. MARIA VANESSA LUSUNG-OYZON
Chair, UC CSAPG

Subject: Letter of Appeal: CSAPG (Committee on Student Admissions, Progress, and Graduation)

Thru Channels:

Dear Dr. Maria Vanessa Lusung-Oyzon,

We would like to request that the prerequisite requirement for the following graduate course(s) of the College of Science be waived for the concerned graduate student pending the approval of the curricular revisions:

Name of Student: _____

Degree Program: _____

Student Number: _____

SUBJECTS TAKEN	PREREQUISITE COURSE	EQUIVALENT COURSE	YEAR GRADUATED

The courses and their corresponding prerequisite requirements will be discussed at the Curriculum Committee Meeting for appropriate action and for inclusion in the UP General Catalogue.

Thank you.

MANUEL JOSEPH C. LOQUIAS, Dr. math.
Associate Dean for Academic Affairs

CYNTHIA P. SALOMA, Ph.D.
Dean, College of Science