

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

REQUEST FOR SUBSTITUTION OF SUBJECTS

Name:	Student No	Course	Year	Date
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The Dean
College _____
I have the honor to request for the following substitution:

Subject Required	Units	Subject Taken	Units	Semester Taken	Grade	Reason

Respectfully yours,

Signature of Student

Recommending Approval:

Signature over printed name of Adviser

Recommending approval: _____ Signature over printed name Department Chair (Subject Required)	Dept.	Recommending approval: _____ Signature over printed name Department Chair (Subject Taken)	Dept.	Action Taken for the Dean: Approved / / Disapproved / / _____ Dean/ Director
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TO BE ACCOMPLISHED IN TRIPLICATE