

COLLEGE OF VETERINARY MEDICINE
University of the Philippines Los Baños

APPLICATION FOR SUBSTITUTION OF COURSES

Name: _____ Student No. _____
 (Print) (LAST) (FIRST) (MIDDLE)
 Degree Program: _____ Classification: _____

| COURSE(S) REQUIRED | | | COURSE(S) TAKEN | | | | | |
|--------------------|-------------------|--------------|-----------------|-------------------|--------------|-------|-------------|------------|
| Course No. | Descriptive Title | No. of Units | Course No. | Descriptive Title | No. of Units | Grade | Where Taken | When Taken |
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Reason(s) for substitution: _____

(SIGNATURE OF STUDENT)

RECOMMENDING APPROVAL:

APPROVED:

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|------------------|--------------------------|---------------------------|----------------------------|--|
| _____ ADVISER | _____ DIRECTOR/CHAIR* | _____ DIRECTOR/CHAIR** | _____ DIRECTOR/CHAIR*** | _____ COLLEGE SECRETARY (For the Dean) |
| _____ Date | _____ Date | _____ Date | _____ Date | _____ Date |

* To be signed by the head of the mother unit
 ** For courses belonging to the same department
 *** For courses belonging to different departments