

**COLLEGE OF VETERINARY MEDICINE**  
University of the Philippines Los Baños

**CONSENT OF INSTRUCTOR**

This is to certify that \_\_\_\_\_ is permitted to register \_\_\_\_\_  
for \_\_\_\_\_ Semester/Summer 20\_\_\_\_ - 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name and Signature of  
Professor/Instructor

**NOTED:**

\_\_\_\_\_  
Print Name of Department Chairman

Date \_\_\_\_\_

**NOTE:** The student will be enlisted in the courses upon presentation of this duly accomplished form.