

COLLEGE OF VETERINARY MEDICINE
University of the Philippines Los Baños

CERTIFICATION OF UNDERLOADING

1st sem 2nd sem Summer AY _____

IMPORTANT:

1. Attach supporting documents.
2. Must be accomplished not later than the last day of registration.

Date: _____

Name: _____ Student No. : _____ Curriculum: _____

Total No. of units earned: _____ Academic status in previous sem: _____

Total Units Requested: _____ Current No. of Units (Form 5): _____

Reason(s) for registering less than 15 units

- Unavailability of courses
- Working student (if working outside UPLB)
- Health
- Others (specify): _____

Student's Signature

Recommending Approval:

Adviser (Signature over printed name)

CERTIFIED BY (FOR THE DEAN):

College Secretary

Date