

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

REQUEST FOR SUBSTITUTION OF SUBJECTS

Name:	Student No.	Course	Year	Date

The Dean
College _____

I have the honor to request for the following substitution:

Subject(s) Required	Units	Subject(s) Taken	Units	Semester Taken	Grade	Reason

Respectfully yours,

Signature of Student

Recommending Approval:

Approval / /

Disapproval / /

Signature Over Printed Name of Adviser

Recommending Approval: _____ Signature over Printed Name Dept. Chair/Inst. Director/Prog. Coor. (Subject(s) Required)	Dept.	Recommending Approval: _____ Signature over Printed Name Dept. Chair/Inst. Director/Prog. Coor. (Subject(s) Taken)	Dept.	Action Taken: Approved / / Disapproval / / _____ RIZALINDA L. DE LEON, Ph.D. Dean
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