UP FORM 5

UNIVERSITY OF THE PHILIPPINES MANILA

College of Pharmacy

**PERMIT FOR EXAMINATION/COMPLETION**

Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student No.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is hereby permitted to take

Removal/completion in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_he/she incurred during \_\_\_\_\_\_Semester AY 20\_\_\_\_-20\_\_\_\_\_\_

 PAID OR#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDED:

FOR THE DEAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Registrar

Examination to be given on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_

By:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructor’s Signature

No examination will be given without this duly approved permit.

GOOD UP TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_, IF EXAMINATION IS GIVEN BEYOND THIS DATE IT WILL INVALIDATED.

***(Attached to Report)***

--------------------------------------------------------------------------------------------------------------------------------------------------------------------

UP FORM 5

UNIVERSITY OF THE PHILIPPINES MANILA

College of Pharmacy

**PERMIT FOR EXAMINATION/COMPLETION**

Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student No.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is hereby permitted to take

Removal/completion in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_he/she incurred during \_\_\_\_\_\_Semester AY 20\_\_\_\_-20\_\_\_\_\_\_

 PAID OR#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDED:

FOR THE DEAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Registrar

Examination to be given on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_

By:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructor’s Signature

No examination will be given without this duly approved permit.

GOOD UP TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_, IF EXAMINATION IS GIVEN BEYOND THIS DATE IT WILL INVALIDATED.

***(Dean’s Copy)***

--------------------------------------------------------------------------------------------------------------------------------------------------------------------

UP FORM 5

UNIVERSITY OF THE PHILIPPINES MANILA

College of Pharmacy

**PERMIT FOR EXAMINATION/COMPLETION**

Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student No.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is hereby permitted to take

Removal/completion in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_he/she incurred during \_\_\_\_\_\_Semester AY 20\_\_\_\_-20\_\_\_\_\_\_

 PAID OR#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDED:

FOR THE DEAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Registrar

Examination to be given on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_

By:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructor’s Signature

No examination will be given without this duly approved permit.

GOOD UP TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_, IF EXAMINATION IS GIVEN BEYOND THIS DATE IT WILL INVALIDATED.

***(Student’s Copy)***

--------------------------------------------------------------------------------------------------------------------------------------------------------------------