

UNIVERSITY OF THE PHILIPPINES IN MINDANAO  
OFFICE OF THE COLLEGE SECRETARY

**APPLICATION / PETITION FOR SUBSTITUTION OF COURSES**

CSM  CHSS  SOM

\_\_\_\_\_  
Surname                      First Name                      M.I.                      Student No.

\_\_\_\_\_  
Classificaton                      Degree Course                      Major

**REQUIRED COURSE**

**PROPOSED SUBSTITUTE COURSE**

\_\_\_\_\_  
Course and Number

\_\_\_\_\_  
Course and Number

\_\_\_\_\_  
Descriptive Title

\_\_\_\_\_  
Descriptive Title

\_\_\_\_\_  
Units

\_\_\_\_\_  
Units

\_\_\_\_\_  
When Taken (Semester / Summer Term)

\_\_\_\_\_  
When Taken (Semester / Summer Term)

\_\_\_\_\_  
Where Taken (Department / College)

\_\_\_\_\_  
Where Taken (Department / College)

**Reason for Substitution :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Student**

**APPROVAL RECOMMENDED**

**APPROVED**

\_\_\_\_\_  
Student Adviser

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman \*

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Dean**

\_\_\_\_\_  
Department Chairman \*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairman \*\*\*

\_\_\_\_\_  
Date

Note : Attach the following :

- 1) Outlines of the courses taken and substitute courses
- 2) Evaluation of the faculty-in-charge of the substitute course

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Chairman of the program to which the student belongs  
Chairman of the department where the course belongs  
In case the courses belong to different departments