

UNIVERSITY OF THE PHILIPPINES MINDANAO
OFFICE OF THE COLLEGE SECRETARY

APPLICATION / PETITION FOR SUBSTITUTION OF COURSES

CSM CHSS SOM

Surname First Name M.I. Student No.

Classification 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