

OFFICE OF THE REGISTRAR  
**PERMIT FOR EXAMINATION**

I.D. NUMBER

1) NAME \_\_\_\_\_ of the College of [ ]CBA, [ ]CED, [ ]CNSM, [ ]COA, [ ]COE, [ ]COF& [ ]CSSH  
(LName, FName, M.I.)

is given permit for the following purpose/s:

Please fill up 3 copies, check box and follow the number sequence (1-9) in accomplishing the form.

[ ] - Waiver

[ ] - Final Examination not taken

[ ] - Complete other requirements

SUBJECT CODE: \_\_\_\_\_, SECTION: \_\_\_\_\_ COURSE CODE: \_\_\_\_\_,

TERM: [ ] 1<sup>st</sup>, [ ] 2<sup>nd</sup> & [ ] SUM, Sch. Year: \_\_\_\_\_ - \_\_\_\_\_

2) \_\_\_\_\_ / \_\_\_\_\_ / 20  
RECORD EXAMINER / ASSESSOR (Registrar's Office) Date

3) ☐ -NO PAYMENT / ☐ -P20.00 RECEIPT NO.: \_\_\_\_\_ DATE OF RECEIPT: \_\_\_\_\_

Recommended by:

4) \_\_\_\_\_ 5) \_\_\_\_\_ / \_\_\_\_\_ / 20  
NAME & SIGNATURE OF INSTRUCTOR DATE OF EXAMINATION / COMPLETION

TERSA R. CASTILLO, MS  
CAMPUS REGISTRAR

**IMPORTANT:** No **REMOVAL** examination or **COMPLETION** and grade shall be given by the **FACULTY** prior to **APPROVAL** of this form; **INSTRUCTOR** shall indicate examination date prior to assessment and approval of the Registrar; grade must be submitted to the Registrar's Office not later than 3 days after the approved examination date.

6) (TAKE EXAMINATION OR SUBMIT REQUIREMENTS)

**REPORT OF GRADE**

NAME: \_\_\_\_\_ COLLEGE: [ ]CBA, [ ]CED, [ ]CNSM, [ ]COA, [ ]COE, [ ]COF& [ ]CSSH  
(LName, FName, M.I.)

SUBJECT CODE: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

8) REMOVAL/COMPLETION GRADE:  CREDIT:  UNIT/S

SIGNATURE OVER PRINTED NAME OF INSTRUCTOR

ACADEMIC RANK

9) RECEIVED BY: \_\_\_\_\_ ON \_\_\_\_\_ / \_\_\_\_\_ / 20  
(Registrar's Office) NAME DATE