

PERMIT TO CHANGE COURSE/S

Document Code:	QF-OUR-05	Revision Number:	CA
Effectivity:	July 12, 2019	O.R. No.	l

OUR use only Date Received:

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Middle Name

Given Name

			OS	COURSE (S)				
Class code	FROM e Course no.	Name and Signature of Faculty Member	Class code	CHANGE TO	Pren	Prerequisite(s)	Name and Signature of Faculty Member	of Faculty
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I hereby agree to abide by the rules and regulations on the changes of matriculation.	I hereby agree to abide by rules and regulations on the riges of matriculation.		Approved:					
Student's Signature Date:	Signature	Department Chairperson (Signature over Printed Name) Date:	(Signa Date:	Dean/Director (Signature over Printed Name) Date:	d Name)	(Signat Date:	Registrar (Signature over Printed Name) Date:	
OUR Copy						Encoded:		
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I hereby agree to abide by the rules and regulations on the		Endorsed:	Approved:					
		Denartment Chairmeron		Doon(Director				
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I hereby agree to abide by It the rules and regulations on the changes of matriculation.	s to abide by lations on the lation.	indorsed:	Approved:					
Student's Signature	gnature	Department Chairperson (Signature over Printed Name)	(Signatu	Dean/Director ure over Printed	Name)	(Signetur	Registrar (Signature over Printed Name)	
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