



Date

The University Registrar
ZAMBOANGA PENINSULA POLYTECHNIC STATE UNIVERSITY
Zamboanga City

Sir/Madam,

I would like to apply for () COMPLETION/REMOVAL examination in Test Subject Which I took during the 2nd semester / summer 2020-2021 with rating of INC

I HEREBY CERTIFY that

(1) Very truly yours,

whose signature at the right has

Paid the required fees per OR

dated _____

(3) _____

Cashier

Student signagture over printed name
year

APPROVED:

(2) ARNEL H. LEE
University Registrar

By: _____
Curriculum in Charge

CERTIFICATION

I HEREBY CERTIFY That Mr./Ms Test Name had taken/completed with the requirements ()
REMOVAL EXAMINATION / () INCOMPLETE GRADES under me and obtained the grade/rating of

(4) _____
Professor/Instructor

(5) _____
Dean, College of Arts & Social Sciences

(6) _____
Director, Physical Education

(7) _____
Dean, College
of _____
Dean, College of Technical Education