



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 O.R.

Student signagture over printed name
year, and course

dated _____
(3) _____
Cashier

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