

Republic of the Philippines University of Southeastern Philippines College of Arts and Sciences Obrero, Davao City



SUBSTITUTION FORM

		Date	Date	
Dr. Maureen M University Regist This University				
Madame:				
at the University	e honor to request for the substitution of to of Southeastern Philippines during the ame subjects required in the course I am pro-	Semester, AY		
	University of Southeastern Philippines			
Course No.	Course Description	Grade	Unit/s	
Subjects required in the course being pursued: Course No. Course Description		Grade	TI:4/a	
Course No.	Course Description		Unit/s	
		Very truly yours,		
		Student Name and S	Student Name and Signature	
Recommending approval:		Course & Y	Course & Year	
Name & Signatur	e of Professor/Instructor			
Approved:				
Dean, CAS				

Cc:

Registrar's copy Dean's copy Student's copy