

**University of the Philippines  
COLLEGE OF SCIENCE**

**VALIDATION PERMIT**

Date: \_\_\_\_\_

Chairman/Director:

Please examine Mr./Ms. \_\_\_\_\_, Student # \_\_\_\_\_, BS \_\_\_\_\_  
(NAME OF STUDENT) (DEGREE PROGRAM)

for the award of advance credit to which he/she may be entitled under the regulations adopted by the University Council.

\_\_\_\_\_  
 Institute Director

\_\_\_\_\_  
 College Secretary

Course completed in another school (_____)		Equivalent courses in the University of the Philippines		Department/ College	ACTION Passed/Failed	Signature over Printed Name	Date
	Units		Units				

Respectfully forwarded to the University Registrar, as approved and as indicated above.

\_\_\_\_\_  
 Dean, College of Science