



College of Social Work and Community Development  
University of the Philippines  
Diliman, Quezon City

Form No. **CSWCD SF-02**  
SS 2016-2017 MTVT

/SDVA

**PERMIT FOR COMPLETION / EXAMINATION / REMOVAL**

Mr./Ms. \_\_\_\_\_ with Student No.: \_\_\_\_\_ is hereby permitted to take Examination/Completion in \_\_\_\_\_ for the [ ] removal or [ ] completion of his/her condition in this subject incurred this 1<sup>st</sup> / 2<sup>nd</sup> semester/mid-year \_\_\_\_\_.

**Approved by:**

\_\_\_\_\_  
**Instructor's Signature**

\_\_\_\_\_  
**DEAN**

Date of Completion / Removal: \_\_\_\_\_ Fee: \_\_\_\_\_ Paid O.R. #: \_\_\_\_\_

**NOTE:** No Removal examination/completion of **INC** shall be given without this permit duly approved.

**IF EXAMINATION/COMPLETION IS BEYOND THE DATE OF EXAMINATION/COMPLETION, IT WILL BE INVALID.** This permit must be attached to the report of the Instructor/Professor giving the removal/completion.



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