



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

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

/SDVA

COLLEGE'S COPY

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 1st / 2nd 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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REGISTRAR'S COPY

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DEPARTMENT'S COPY

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