

UP OPEN UNIVERSITY Office of the University Registrar

APPLICATION FOR REMOVAL EXAMINATION/COMPLETION

Name:		Student No.:
Program:	Major:	Semester/School Year:
I would like to request for:	,	5511001017 0011001
O COMPLETION OF REQUIREMENTS		O REMOVAL EXAM in
for term (Course)	(Sem/Year)	(Course)
(Jourse)	(Octivitedi)	for term
O ASSIGNMENT/S #		(Sem/Year)
O OTHERS (Pls. Specify)		
Student's Signature	e	Date Submitted
Note to Student: Approval of application is subject to the existing academic rules on removal of grades of 4.0		
and EXT. Contact your Office of the Faculty Secretary regarding action taken on the request.		
To be filled up by the OUR Recor		-
Record Verified By: Date Verified: Remarks:		
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ACTION TAKEN: O APPROVED O DISAPPROVED University Registrar		
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Dean's Copy UP OPEN UNIVERSITY		
Office of the University Registrar		
Name:		Student No.:
Program	Major:	Semester/School Year:
I would like to request for:		
O COMPLETION OF REQUIREMENT	S in	
for term		O REMOVAL EXAM in
(Course)	(Sem/Year)	(Course)
O 40010NIMENT (0.11		for term ————
O ASSIGNMENT/S # ————— O OTHERS (Pls. Specify)		(Sem/Year)
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Student's Signature Date Submitted		
		ne existing academic rules on removal of grades of 4.0
and EXT. Contact your Office of the Faculty Secretary regarding action taken on the request. To be filled up by the OUR Records Section		
Record Verified By:	Date Verified:	Remarks:
ACTION TAKEN: O APPROV	ED O DISAPPRO	
		University Registrar
		Student's Copy
UP OPEN UNIVERSITY		
Office of the University Registrar		
APPLICATION FOR REMOVAL EXAMINATION/COMPLETION		
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I would like to request for:	į iviaj∪i.	Jennester/ School Teal.
O COMPLETION OF REQUIREMENT	-	O DEMOVAL EVAM
	(Sem/Year)	O REMOVAL EXAM in(Course)
(Course)	(Sem/rear)	for term
O ASSIGNMENT/S #		for term(Sem/Year)
O OTHERS (Pls. Specify)		
Student's Signature Date Submitted		
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ACTION TAKEN: O APPROVED O DISAPPROVED		
		University Registrar