



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:			
<input type="radio"/> COMPLETION OF REQUIREMENTS in _____ for term _____ (Course) (Sem/Year)		<input type="radio"/> REMOVAL EXAM in _____ (Course)	
<input type="radio"/> ASSIGNMENT/S # _____ <input type="radio"/> OTHERS (Pls. Specify)		for term _____ (Sem/Year)	
_____		_____	
Student's Signature		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 Records Section

Record Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_ Remarks: \_\_\_\_\_

ACTION TAKEN:  APPROVED  DISAPPROVED

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