CSSP-OGP Form 20 (Rev. 2023-09-18)



OFFICE OF THE GRADUATE PROGRAM

College of Social Sciences and Philosophy University of the Philippines Diliman

## APPLICATION FOR SUBSTITUTION OF ADDITIONAL COURSE

Date:

## FOR: The Dean

College of Social Sciences and Philosophy

I hereby apply for substitution of course in relation to the additional course requirement. I was granted an extension of academic residence from \_\_\_\_\_\_\_ to \_\_\_\_\_\_, and would like to enroll in \_\_\_\_\_\_\_ in fulfillment of the additional course requirement, for the following reason(s):

Signature over Printed Name of the Student

Endorsed and respectfully forwarded to the Dean.

Department/Institute Graduate Program Coordinator Date: \_\_\_\_\_

Department Chair / Institute Director Date: \_\_\_\_\_

[ ] Recommending approval of substitution as requested[ ] Not recommending approval

Remarks:

*Coordinator,* Office of the Graduate Program Date: \_\_\_\_\_

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Action Taken:

] Approved ] Disapproved

Remarks:

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