



APPLICATION FOR PENALTY COURSE SUBSTITUTION

_____ (Date)

**The Dean
College of Social Sciences and Philosophy**

I hereby apply for substitution for the penalty course requirement. I was granted extension of residency from _____ to _____, and would like to enroll in _____ in fulfillment of the penalty course requirement, for the following reason(s):

_____.

(Signature of Student over Printed Name)

.....
Recommending approval and respectfully forwarded to Dean MARIA BERNADETTE L. ABRERA, Ph.D.

Department Chair
Date: _____

Department Graduate Program Coordinator
Date: _____

-
() Recommending approval of substitution as requested
() Not recommending approval

Remarks: _____

MA. LIZA RUTH A. OCAMPO, Ph.D.

Coordinator, CSSP Graduate Program

Date

.....
Action Taken:

- () Approved
() Disapproved

Remarks: _____

MARIA BERNADETTE L. ABRERA, Ph.D.

Dean, CSSP

Date