



GRADUATE SCHOOL
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

Jose B. Juliano Avenue, College, Laguna 4031, Philippines
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APPLICATION FOR WAIVER OF PREREQUISITE

(Application should be submitted before registration to the College Secretary of the units which administers the course)

Name of Applicant: _____

College/ Institute: _____

Degree Program: _____

Date: _____

The Dean
College/ Institute of
University of Los Baños
College, Laguna

Madam/Sir:

I would like to request permission to enroll in the subject below. I have not yet passed the prerequisite subject(s) indicated.

Subject	Prerequisite(s)
_____	_____

Justification:

Student
(Signature over printed name)

CERTIFICATE OF ATTENDANCE

(To be accomplished by the Faculty-In-Charge or Department Chair or College Secretary)

This is to certify that Mr./Ms. _____
Has fully attended the course (s) indicated below:

Course	Semester & Academic Year Taken	Final Grade	Name in Print	Signature

Action on the Application

Recommending Approval/Disapproval:

Approved/Disapproved:

Faculty-In-Charge / Department Chair/
College Secretary
(Signature over printed name)
Date: _____

JOMAR F. RABAJANTE D.Sc.
Graduate School Dean
Date: _____