| UPLB-OCS | Form No. | 1 |
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## COLLEGE OF ECONOMICS AND MANAGEMENT University of the Philippines IMPORTANT:

|                                                                 |                            | COLLEGE SECRETARY'S SIGNATURE FIRST                                      |
|-----------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
|                                                                 | XCUSE FOR ABSENCE          | BEFORE INSTRUCTOR                                                        |
| Date:                                                           |                            | 1. Please attach necessary documents.                                    |
|                                                                 |                            | <ol><li>The excuse slip must be presented to the instructor(s)</li></ol> |
| The Dean                                                        |                            | concerned not later than the second class session following              |
| College of Economics and Management                             |                            | the student's return.                                                    |
|                                                                 |                            | 3. Excuses are for time missed only. All work covered by the             |
| UPLB, College, Laguna 4031                                      |                            | class during the student's absence should be made up to the              |
|                                                                 |                            | satisfaction of the instructor, within a reasonable time from            |
| Sir/Madam:                                                      |                            | the date of absence.                                                     |
| I would like to request that I be excused for my absence(s) fro | m my class(es) indicated b | pelow on the following dates:                                            |
| I was absent because                                            |                            | · · · · · · · · · · · · · · · · · · ·                                    |

Very truly yours,

## APPROVED FOR THE DEAN:

| Student's Signature Over Printed Name     | e Student Number                  | Degree Program                            | ROWENA A. DORADO<br>College Secretary |  |
|-------------------------------------------|-----------------------------------|-------------------------------------------|---------------------------------------|--|
| SUBJECT DATE OF ABSENCE                   |                                   | INSTRUCTOR'S SIGNATURE                    |                                       |  |
|                                           | LECTURE                           | RECITATION/LABORATORY                     |                                       |  |
|                                           |                                   |                                           |                                       |  |
|                                           |                                   |                                           |                                       |  |
|                                           |                                   |                                           |                                       |  |
|                                           |                                   |                                           |                                       |  |
|                                           |                                   |                                           |                                       |  |
|                                           |                                   |                                           |                                       |  |
| NOTE TO THE STUDENT: When instructors hav | e signed, please return this forn | n to the College Secretary's Office for f | iling. NOT VALID WITH ERASURE         |  |

(OCS Staff) Date