



# DEFERMENT of EXAMS

Name: \_\_\_\_\_

Course\* : DPT / DPL / DPTL / GD / CPT / BA / Others : \_\_\_\_\_

1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> Quarter of 200 \_\_\_\_\_

I am deferring the examination/s for the following unit/s

\* circle where appropriate

No.	COURSE UNIT NAME	Date for Out of Schedule Examination	OFFICE USE	
			Approved By: (Name & Date)	Processed By: (Name & Date)
			_____	_____
			_____	_____
			_____	_____

Remarks/Reasons: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- NOTE:**
1. There is a charge of \$50 for deferment of each exam
  2. Once submitted, cancellation of deferment is not allowed.

V4/030827

**Office Use only:**

Payment:

Received by \_\_\_\_\_

Receipt No \_\_\_\_\_

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

Exam/s Graded by:

Exam/s Grade/s: