REQUEST FOR OPENING OF OFF-SEMESTER SUBJECTS

_____
Date

Dr. Zenaida G. Gersana
Vice President for Academic Affairs
This University

Through: The University Registrar

Dear Dr. Gersana:

The following students, whose names and signatures are reflected below, would like to request the offering of the following subject(s), the schedule of which is as follows:

Subject/s	Day	Time	Room

Reasons for requesting the subject:

Name of Students	Signature	Name of Students	Signature
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

They agree to pay the tuition counterpart of the required 20 students, as the minimum number of students for the last or only section, if the number of students does not reach 20.

Very truly yours,

_____
Chair of the Department
offering the subject

Recommended by:

_____
Dean of the College
offering the subject

SHERLITA M. BARRUN, MM
University Registrar

ZENAIDA G. GERSANA, PhD
VP- Academic Affairs