

REQUEST FOR CHANGE OF SCHEDULE OF FINAL EXAMINATION

Date

Director, Graduate Education
Visayas State University

Dear _____;

This is to request for change of schedule of my _____
(type of examination)

examination scheduled on _____ to _____
(date of scheduled examination)

_____ for the reason (s) stated below:
(new examination schedule)

Very truly yours:

Name

Degree/Course

Noted:

GAC Members:

APPROVED:

Director, Graduate Education
Date Signed: _____

* Indicate N/A or NONE for fields not applicable



GRADUATE EDUCATION

Visayas State University PQWW+JQ Baybay City, Leyte

Email: gs@vsu.edu.ph

Website: www.vsu.edu.ph/gs

Phone: +63 53 565 0600 Local 1062