Form 3B

Republic of the Philippines
CAVITE STATE UNIVERSITY
Don Severino delas Alas Campus
Indang, Cavite

Office of the Registrar

REQUEST TO TAKE REMOVAL EXAM

The Dean
College of Engineering and Information Technology
This University

Sir/Madam:

I wish to ask permission to take removal exam on _____ for the following reasons:

1._____

2._____

3._____

Hoping for your favorable action.

Very truly yours,

_____
(Signature over print name)
Student No. _____
Date: _____

Recommending Approval:

_____
Instructor/ Professor
Date: _____

FLORENCE M. BANASIHAN
College Registrar
Date: _____

Approved:

WILLIE C. BUCLATIN
Dean

(To be prepared in triplicate. Copy 1- Instructor; Copy 2- Dean's Office; and Copy 3- Student)