

**SUBSTITUTION FORM**

UNIVERSITY OF THE PHILIPPINES CEBU  
Office of the University Registrar

Student Number	Name of Student	Program	Year	Date

The Dean

College of Communication, Art, and Design     College of Science     College of Social Sciences     School of Management

I have the honor to request for the following substitution:

SUBJECT REQUIRED		SUBJECT TAKEN		DESCRIPTION OF SUBJECT TAKEN	School where taken	Semester & SY taken	Grade Obtained	Signature of the Instructor of the Subject Required
Subject	Units	Subject	Units					

REASON for SUBSTITUTION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDING APPROVAL:  
\_\_\_\_\_  
Signature over Printed Name of **Adviser**

ACTION OF THE DEAN:  
 Approved     Disapproved

Respectfully yours,  
Signature of Student : \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name  
**Program Coordinator/  
Department Chair**  
(Subject/s Required)

\_\_\_\_\_  
Signature over Printed Name  
**Program Coordinator/  
Department Chair**  
(Subject/s Taken)

\_\_\_\_\_  
**Dean** (of Student's College)  
Date: \_\_\_\_\_

**RULES ON SUBSTITUTION:**  
1. Substitution must involve subjects within the same department, if possible. If not, the two subjects concerned must be allied to each other.  
2. Number of units of subject taken must be EQUAL to or GREATER THAN the number of units of the subject required.