



**University of the Philippines
Diliman, Quezon City**

APPLICATION FOR ADVANCE CREDIT WITHOUT VALIDATION

(For transferee who had taken at least **66 units** upon admission to UP)

Dr. _____
Dean, _____
U.P. Diliman, Quezon City

Dear Dean _____,

This is to recommend the following courses taken by Ms. /Mr _____, a bachelor of _____ student of the college for automatic validation of courses which s/he may be entitled to under rules and regulations adopted by the University.

(1) Evaluated by:

Student Records Evaluator
College of Social Work and Community Development
Date: _____

(2) Recommended by:

Program Adviser

College Secretary

(3)

Courses completed at the University/ College of _____		Equivalent course/s in University of the Philippines		Action of the department/ college offering the course (approved or disapproved)	Signature over Printed Name of Chair offering the course
Subject/s	Units	Subject/s	Units		

(4) Approved / Disapproved

Dean
Date: _____

(5) Noted by:

University Registrar
Date: _____

**University of the Philippines
College of Social Work and Community Development**

VALIDATION PERMIT

Chairperson/Director:

Please examine Mr. /Ms. _____ for the award of Advanced Credit to which he/she may be entitled under the regulations adopted by the University Council.

College Secretary

Course completed in another school (_____)		Equivalent courses in the University of the Philippines		Department	ACTION Passed/Failed	Signature	Date
	Units		Units				

Respectfully forwarded to the University Registrar, as approved and as indicated above.

Dean

Date