



CERTIFICATION OF CONSENT OF INSTRUCTOR (COI) FORM

[Redacted]
(Date)

To whom it may concern:

This is to certify that consent was given to [Redacted]

(name of student & student number)

a [Redacted]

from [Redacted]

(Degree Program-Major)

(College/Department)

to enroll in [Redacted]

(Course No., Title, Class Section)

Under my supervision this [Redacted]

(semester subject is taken)

This certification is issued for the purpose of facilitating the completion of their/her/his coursework requirements.

[Redacted]
Course Instructor

Noted by:

(Offering Unit)

[Redacted]
Department Chair

[Redacted]
College Secretary

NOTE: The COI Form is issued only for courses with COI as indicated in the latest approved curriculum. Please refer to the following:

<https://cswcd.upd.edu.ph/academic-offerings/>

https://cswcd.upd.edu.ph/wp-content/uploads/2023/10/CSWCD-COURSE-CATALOGUE_2023.pdf