COLLEGE OF ARTS AND SCIENCES

University of the Philippines Los Baños

**CONSENT OF INSTRUCTOR**

This is to certify that Mr./Ms. **JUAN S. DELA CRUZ** with SAIS ID number **10110000**

(Degree) **BS MATHEMATICS AND SCIENCE TEACHING** is permitted to register

in (subject and section) **MST 190 A2** during[ ] 1st Semester [ ] 2nd Semester [ **X** ] Midyear,

**2021**

**Faculty’s Consent:**

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**Complete Name and Signature Date**

**NOTE: This should be prepared before signing up in a course with consent of the instructor as a prerequisite during registration.**