COLLEGE OF ARTS AND SCIENCES

University of the Philippines Los Baños

## **CERTIFICATION OF UNDERLOADING**

☐ 1st Semester ☐ 2nd Semester ☐ Midyear 20\_\_ - 20\_\_

***IMPORTANT:*** 1. Attach supporting documents (e.g. letter of request approved by the CAS-College Secretary).

2. This must be accomplished not later than the last day of registration.

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name: |  |
| Student Number: |  |  | Academic status in previous semester:  |  |
| Degree: |  |  | Total number of units earned: |  |
|  |  |  | Current number of units (Form 5): |  |
|  |  |  | Total units requested: |  |

Reason(s) for registering less than 15 units:

 ☐ Unavailability of courses

☐ Health

 ☐ Working student (if working outside UPLB)

☐ Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recommending Approval:

 Signature of Student

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFIED BY (**For the Dean): Printed Name & Signature of Adviser

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **JAMES ROLDAN S. REYES**

 College Secretary Date