



OFFICE OF THE COLLEGE SECRETARY
College of Social Sciences and Philosophy
University of the Philippines Diliman

EXCUSE SLIP

Date: _____

Name: _____ Student No.: _____

COURSE	INCLUSIVE DATES OF ABSENCE	NAME & SIGNATURE OF INSTRUCTOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remark(s) (State reason for absence): _____

NOTE: If the absence is due to health reasons, please attach a medical certificate validated by the University Health Service.

Signature over printed name of the College Secretary