



**PERMIT TO GIVE EXAMINATION/HOLD CLASS  
OUTSIDE OF REGULAR CLASS SCHEDULE**

Course Number: Agro21  
CpSc21  
Semester: 1<sup>st</sup> 2<sup>nd</sup>  
Course Title: Fundamentals of Crop Production  
Principles of Crop Production  
Academic: 2024 - 2025  
Year: Monday 1-4  
Tuesday 7-10 ; 1-4  
Wednesday 7-10 ; 10-1 ; 1-4  
Thursday 1-4  
Friday 7-10 ; 10-1 ; 2-5  
Regular Class Schedule:  
May I request to ☒ hold exam ☐ conduct class outside of the regular schedule to

(date and time) 10-6-2024 (1-4 PM) at the (venue) Plant Science Building Room 2 and DA 203

for the following reasons:

- ☒ Exam in departmental and students taking the exam belong to different sections.  
☐ Regular meeting day has declared a holiday  
☐ other (please specify) \_\_\_\_\_

**I hereby certify that** the above schedule is agreed upon by all students concerned and not in conflict with any calendared University activity. Students who cannot take the exam/attend the Class due to justifiable reason agreed to make up at a convenient time.

Signature over Printed Name of Faculty

Recommending Approval: <u>LUZ G. ASIO</u> Department Head	Noted: <u>CHRISTINA A. GABRILLO</u> Dean of Students	Approved: <u>QUZETIE B. LINA</u> College Dean
Date: _____	Date: _____	Date: _____

*to be accomplished after the examination/class was conducted*

**CERTIFICATION**

This is to certify that the above examination/make-up class was conducted on:

☒ date(s), time, and venue stated above

☐ Changed schedule: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Venue: \_\_\_\_\_

If changed, state reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

Certified True and Correct:

QUIMSON R. CANETE  
Name and Signature of Faculty  
Date: \_\_\_\_\_

LUZ G. ASIO  
Name and Signature of Department Head  
Date: \_\_\_\_\_

*\* to be accomplished in 3 copies*



**DEPARTMENT OF AGRONOMY**

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