

UNIVERSITY OF THE PHILIPPINES DILIMAN
QUEZON CITY

The Dean
Asian Center
University of the Philippines Diliman

Name: _____

Address: _____

Course: _____

Date: _____

Dear Sir/Madam:

I have the honor to request for the following advanced credits:

COURSES TAKEN	NO. OF UNITS	WHEN TAKEN	SCHOOL/UNIVERSITY TAKEN	REMARKS

Signature of the Student

Adviser: _____

College Secretary: _____

Action of the Dean: _____

Signature of the Dean: _____