**ATTENDANCE AMENDMENT REQUEST**

Semester: ……………………………..

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| **To:** College Registrar | **From:** | ……………………………………………………………………………….. |
| **Department:** | ……………………………………………………………………………….. |

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| **Course Code** | **Course Title** | **Section** | **Activity** |
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| ID. No | Student Name | | | Date | Period | PLEASE MAKE STUDENT | | | BEFORE AMENDMENT (DN) | | | AFTER AMENDMENT  (DN) | |
| ABST | PRST | | Yes | | No | Yes | No |
|  |  | | |  |  |  |  | |  | |  |  |  |
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| **Justification:** | | ………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | |
| Instructor’s Signature: | | ………………………………………………………..………………..………………… | | | | | | Date: | | ……………………………………………… | | | |
| Chairman’s Signature: | | ………………………………………………………..………………..………………… | | | | | | Date: | | ……………………………………………… | | | |
| **Note:** The Signature of the College Deputy for Education & Training Affairs is required if “DN” has been cancelled. | | | | | | | | | | | | | |
| **APPROVED** | | | | | | | | | | | | | |
| …………………………………………………………………………..………………… | | | | | | | | | | | | | |
|  | | | **COLLEGE DEPUTY FOR EDUCATION & TRAINING AFFAIRS** | | | | | | |  | | | |

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| **OFFICE OF THE REGISTRAR** | | | |
| Received & Entered by: | …………………..……………………….………………..………………… | Date: | ……………………………………………… |