



Republic of the Philippines
MUNDANAO STATE UNIVERSITY
 Marawi City

Type of Application: _____

New ()

Renewal ()

Date _____

PERMIT TO STUDY

(Laboratory and Administrative Personnel)

Semester & Academic Year _____

1. Name: _____

(Last Name)

(First Name)

(M.I.)

2 Sex: _____ 3. Age: _____ 4. Civil Status: _____ 5. Length of Service at MSU _____

6. Position: _____ 7. Office: _____ 8. Appt. Status: _____

9. If head of unit, number of employees being supervised: _____

10. Grades in courses taken in the previous semester (if applicable):

Course Title	Grade

11. Performance Rating of Previous Semesters (to be filled up by the head of Unit)

_____ (January – June 20__); _____ (July – Dec. 20__):

12. Description of actual day-to-day functions/activities:

13. Schedule of courses to be taken:

<u>Course Title</u>	<u>Units</u>	<u>Days</u>	<u>Time</u>	<u>Room</u>

14. Semester: _____

15. Degree to be (or being) pursued/venue: _____

16. Expected (or remaining) number of years to complete the program: _____

17. Number of semesters spent in the program: _____

Recommended by:

 Head of Unit/Immediate Supervisor

No. of
Study Units
Recommended

APPROVED:

Remarks (OVCAA): _____

Vice Chancellor for _____

Note: PLEASE ATTACH A PHOTOCOPY OF PREVIOUS SEMESTER'S COR.