



**PERMIT TO STUDY**

\_\_\_\_\_ Date

(Faculty Member)

Semester & Academic Year \_\_\_\_\_

1. Name: \_\_\_\_\_  
 (Last Name) (First Name) (M.I.)

2 Sex: \_\_\_\_\_ 3. Age: \_\_\_\_\_ 4. Civil Status: \_\_\_\_\_ 5. No. of years in teaching \_\_\_\_\_

6. Department: \_\_\_\_\_ 7. College/Unit: \_\_\_\_\_

8. Position/Academic Rank: \_\_\_\_\_ 9. Type of Application (New/Renewal): \_\_\_\_\_

10. Administrative designation (if applicable): \_\_\_\_\_

11. Teaching Efficiency Rating (TER) in the previous semesters (to be filled out by OVCAA)  
 \_\_\_\_\_ 1<sup>st</sup> Sem. 20\_\_ to 20\_\_ \_\_\_\_\_ 2<sup>nd</sup> Sem. 20\_\_ to 20\_\_

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

<u>Course Title</u>	<u>Grade</u>	<u>Professor</u>
_____	_____	_____
_____	_____	_____

13. Involvement in Research Project (if any):

<u>Project Title</u>	<u>Timetable</u>	<u>Nature of Involvement</u>	<u>Expected Duration</u>
_____	_____	_____	_____

14. Total number of teaching units this semester: \_\_\_\_\_

15. Number of preparations: \_\_\_\_\_

16. Schedule of classes handled and consultation hours:

<u>Course Title</u>	<u>Units</u>	<u>Days</u>	<u>Time</u>	<u>Room</u>	<u>Consultation</u>	
					<u>Day</u>	<u>Time</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

17. Schedule of courses to be taken:

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

18. Degree to be Pursued/Venue: \_\_\_\_\_

19. Expected (or remaining) number of semesters to complete the program: \_\_\_\_\_

20. Is the program ( ) in line with one's field of specialization? ( ) related/allied?  
 ( ) outside one's field of specialization?

Recommended by:

\_\_\_\_\_  
 Department Chairperson

\_\_\_\_\_  
 No. of units

APPROVED:

\_\_\_\_\_  
 Dean

**DR. AMERKHAN G. CABARO**  
 Vice Chancellor for Academic Affairs

Remarks (OVCAA): \_\_\_\_\_

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