

COLLEGE OF SCIENCE
University of the Philippines

AUTHORIZATION OF PROXY

This is to authorize _____,

_____ UP Student, College: _____

_____ UP Faculty/Staff, Office: _____

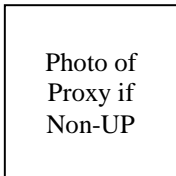
_____ Non-UP, address: _____

to register for me this ____ Semester/ Summer, 20____ - 20____

Reason: _____

Name in Print: _____

Signature: _____



APPROVED:

Secretary / Asst. Secretary

Signature of Proxy

Date

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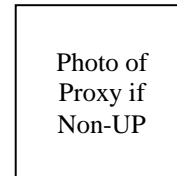
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