



\_\_\_\_\_ **Date**

## REQUEST PERMIT TO STUDY

Name of Teacher: \_\_\_\_\_ School: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 College/University to Enroll: \_\_\_\_\_  
 School Year: \_\_\_\_\_ Semester: \_\_\_\_\_  
 M.A./Ph.D. Program: \_\_\_\_\_

SUBJECTS	Units	No. of Hours	Time	Day
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby certify that my graduate studies cannot interfere with my official duties, and that I can still work for eight (8) hours as required by Civil Service Law.

\_\_\_\_\_ **Name and Signature of Teacher**

Recommending Approval:

\_\_\_\_\_ **Name & Signature of the Head of School**

**APPROVED:**

**RANDOLPH B. TORTOLA, CESO VI**  
Schools Division Superintendent

