STAR OF THE SEA COLLEGE

APPLICATION FOR RESCHEDULING OF OUTCOME UNITS 1 & 2

<table>
<thead>
<tr>
<th>NAME:</th>
<th>HOMEROOM:</th>
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<tbody>
<tr>
<td>SUBJECT:</td>
<td>TEACHER:</td>
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Please state below reason/s for this application:

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Student Signature: ____________________________ Date: ________________

This application must be accompanied by a doctor’s certificate, or other relevant documentation.

This documentation must be presented to the Subject Teacher.

APPLICATION:  □ Granted  □ Rejected

Subject Teacher Signature: ____________________________ Date: ________________

Rescheduled Date for Outcome: ____________________________