



TECHNOLOGY MANAGEMENT CENTER



Office of the Chancellor
University of the Philippines Diliman

PERMIT TO STUDY

Name:		Position/Designation:	
Employer/Organization and Office Address:			
SCHOOL INFORMATION			
School & Address:		University of the Philippines – Technology Management Center DOST-ASTI Compound, C.P. Garcia Avenue, Diliman, Quezon City 1101	
Program to be Pursued:		Master of Technology Management	
Beginning Semester & Academic Year:		First Semester AY 2024-2025 (September 2024)	
Target Last Semester & Academic Year:			
This is to signify that our organization is aware that our above-named employee/colleague will be pursuing graduate studies with your institution beginning September 2024. We are aware that s/he may have classes on weekdays from 6:00 p.m. to 9:00 p.m. or on Saturdays from 9:00 a.m. to 7:00 p.m. S/He will have to talk with us to plan shift schedules with minimal effect on work productivity. With this we express support to him/her in this endeavor and give him/her permission to study. Other remarks/comments:			
APPLICANT'S CONFORME:	SUPERVISOR'S APPROVAL:	HUMAN RESOURCES:	
(Signature above Printed Name) Date:	(Signature above Printed Name) Date:	(Signature above Printed Name) Date:	