

	<b>REQUEST FOR ALTERNATIVE LEARNING ASSESSMENT</b>	Document No.	<b>WVSU-ODI-SOI-02-F02</b>
		Issue No.	<b>1</b>
		Revision No.	<b>2</b>
	<b>WEST VISAYAS STATE UNIVERSITY</b>	Date of Effectivity:	<b>March 6, 2024</b>
		Issued by:	<b>ODI</b>
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\_\_\_\_\_ Date

**THE DIRECTOR**

Office of Instruction/Academic Affairs  
This University

Thru Channels:

In lieu of the Midterm/Final Examinations for the \_\_\_\_\_ Semester of School year \_\_\_\_\_, I would like to request approval to implement the following Alternative Learning Assessment shown below:

Course No.	Descriptive Title	Course/Yr. & Section	Alternative Learning Assessment	Date of Submission/Conduct of the Activity	Criteria for Evaluation

Thank you very much.

Very truly yours,

\_\_\_\_\_  
Printed Name & Signature of Faculty

<p>RECOMMENDING APPROVAL:</p> <p>----- Department/ Division Chair</p> <p>----- Dean/School Director</p>	<p>ACTION TAKEN:</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> DISAPPROVED</p> <p>----- Director of Instruction/Academic Affairs</p>
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Note: Accomplish in duplicate.