



CENTRAL PHILIPPINE UNIVERSITY
Iloilo City, Philippines

RECORD OF FACULTY COUNSELING INTERVIEW

Date (MM-DD-YY): _____

Name of Faculty: _____ College/Dept./Unit: _____

Nature of Problem

- Late Submission of Grade
- Late Submission of Completion Grade
- Change of Grade
- Others

Action taken to address the Problem

- Explain to the Faculty the nature an repercussion of the violation
- Provided counseling to the Faculty
- Others: _____

Conforme:

Name & Signature of Faculty / Date

Noted:

Name & Signature of Dean/Dept. Chairperson / Date

HRD Director / Date

*CPU-HRD-Form 40A
Rev 02 Effectivity: June 1, 2024*



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