



CERTIFICATE OF ATTENDANCE

Date _____

Dr. MARIA VANESSA L. OYZON
 University Registrar
 University of the Philippines Diliman

Through Channels:

Dear Dr. OYZON:

This is to certify the attendance of the student below during the _____ Semester, AY 20__ - __

 Signature over Printed Name of the Student Degree Program Student Number

	COURSE/S	SCHEDULE OF CLASSES	NUMBER OF CLASSES MISSED	NAME AND SIGNATURE CERTIFIED BY INSTRUCTOR
1				
2				
3				
4				
5				
6				
7				

ENDORSED by:

MA. NERISSA MASANGKAY ABARA, Ph.D.
 College Secretary