



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

CERTIFICATE OF ATTENDANCE

Date: _____

DR. ROWENA QUINTO-BAILON
University Registrar, UP Diliman

Thru Channels:

Dear Dr. Rowena Quinto-Bailon,

This is to certify the attendance of the student below during the ____ Semester of School Year _____

Signature over Printed Name_____
Degree Program_____
Student Number

SUBJECT/S	SCHEDULE OF CLASSES	NUMBER OF CLASSES MISSED	NAME AND SIGNATURE CERTIFIED BY INSTRUCTOR