



COLLEGE OF SCIENCE

University of the Philippines
Diliman, Quezon City 1101
Philippines



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OFFICE OF THE COLLEGE SECRETARY

Email:
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CERTIFICATE OF ATTENDANCE

Date: _____

Dr. MA. NERISSA MASANGKAY ABARA

University Registrar

University of the Philippines Diliman

Through Channels:

Dear Dr. **ABARA**:

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

ENDORSED by:

MARIE CHRISTINE M. OBUSAN, Ph.D.

College Secretary