REGISTRAR FORM 2

Control #: _____

Republic of the Philippines
CAVITE STATE UNIVERSITY
CCAT Campus
Rosario, Cavite

OFFICE OF THE CAMPUS REGISTRAR

CERTIFICATE OF GRADES

_____
Date

TO WHOM IT MAY CONCERN:

This is to certify that MR./MS. _____(Student NO._____) obtained the following grades during _____semester of AY_____.

SUBJECT CODE	SUBJECT TITLE	GRADE	UNITS

Approved:

_____
Name and Signature of Adviser

MARLYN A. QUIÑEZ
Campus Registrar