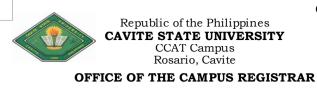
REGISTRAR FORM 2



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:

Control #:

MARLYN A. QUINEZ Campus Registrar

Name and Signature of Adviser