

Received by: _____
 Date Rec'd: _____

CERTIFICATE OF ENROLLMENT

 (School's Corporate Bank Account Name)

 (Name of School)

 (Address of School)

Claim Number _____ Scholarship Credit Card No. _____
 Name of Veteran _____ Balance of Entitlement _____ Months
 Name of Waivee/Student _____ Grade/Year 1st / 2nd / 3rd / 4th / 5th / Intern / Clerkship
 Date of Approved _____ Period _____ Sem / Sum / Tri / Qtr 20____ - 20____
 Course _____ Date of Graduation _____
 Category/Mil status _____ Date of Accomplished _____

<u>SUBJECT</u>	<u>UNITS</u>	<u>ROOM NO.</u>	<u>TIME</u>	<u>TEACHER/INSTRUCTION/PROF</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL NUMBER OF UNITS _____

CERTIFIED CORRECT: _____

I HEREBY CERTIFY that I have enrolled and took up the subjects/units indicated above during the _____ Sem/Sum/Tri/Qtr 20____ - 20____

 Registrar
 (Signature above printed name)

INDIVIDUAL STATEMENTS OF ACCOUNTS
 (Note: To be filled up by School)

 Signature of Student
 Address: _____
 Contact No: _____
 E-mail Address: _____

From: _____ 201 ____ To: _____ 201 ____

- Entrance Fee (New Students) P _____
- Registration Fee P _____
- Tuition Fee (Rate/Unit) P _____
- Medical/Dental Fee P _____
- Library Fee P _____
- Laboratory1 Fee P _____
- Athletic Fee (If taken P.E.) P _____
- Publication P _____
- Audio Visual Fee P _____
- Guidance & Counseling Fee P _____
- Identification Card P _____
- Military Training P _____
- TOTAL = P _____

PERIOD ENJOYED

(NOTE: to be accomplished/filled up by the Student in his/her handwriting)

<u>Sem / Sum / Tri / Qtr</u>	<u>Course</u>
_____ 20 - 20 _____	_____
_____ 20 - 20 _____	_____
_____ 20 - 20 _____	_____
_____ 20 - 20 _____	_____
_____ 20 - 20 _____	_____
_____ 20 - 20 _____	_____
_____ 20 - 20 _____	_____
_____ 20 - 20 _____	_____
_____ 20 - 20 _____	_____
_____ 20 - 20 _____	_____

AMOUNT DUE/COLLECTIBLE = P _____

CERTIFIED CORRECT: _____

 Accountant/Treasurer
 (Signature above printed name)

IMPORTANT NOTICE

TO AVOID DELAY IN THE PAYMENT OF SCHOOL BILLS PLEASE SUBMIT THIS ACCOMPLISHED CERTIFICATE OF ENROLLMENT FORM ACCOMPANIED BY THE COPY OF YOUR GRADES FOR THE PREVIOUS SEMESTER COVERED BY THE PVAO SCHOLARSHIP PROGRAM WITHIN THE PERIOD STATED ABOVE.

IN CASE OF FAILURE IN ANY OF THE ACADEMIC SUBJECTS THE SCHOLARSHIP SHALL BE SUSPENDED UNTIL THE STUDENT PASSES THE SUBJECT FAILED AT HIS/HER OWN EXPENSE.

"PLEASE FILL UP CLEARLY"