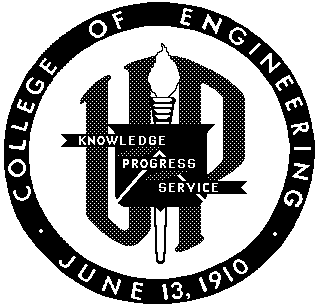
Unive University of the Philippines



Melchor Hall, U.P. Campus, Diliman, Quezon City, Philippines 1101 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel. No. 920-8860; 928-3144; 9818500 Loc. 3104**

*Instructions to the student: Fill up the student details in the upper part of the form and present this to the OCG. Make sure to bring the signed certificate (bottom half) and present this when claiming your readmission results at the College Sec Office.*

TO: Office of Counseling and Guidance

Vinzon’s Hall, UP Diliman

**Referral Slip**

This is to refer our student whose details appear below for counseling and / or career assessment evaluation in relation to his/her readmission appeal at the College of Engineering.

|  |  |
| --- | --- |
| Name |  |
| Student Number |  |
| Degree Program |  |
| Readmission for | Sem/AY |

After availing of the OCG service/s, we request that a certificate be issued to the student as it is a requirement for claiming his/her readmission appeal results from the College Secretary’s Office.

*(no signature required)*

**DR. ELIGIA D. CLEMENTE**

College Secretary

TO: College Secretary’s Office

Vinzon’s Hall, UP Diliman

**Certification**

This is to certify that the student whose details appear below has undergone counseling and / or career assessment evaluation in relation to his/her readmission appeal at the College of Engineering.

|  |  |
| --- | --- |
| Name |  |
| Student Number |  |
| Degree Program |  |
| Readmission for | Sem/AY |

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_