

Date:

Certification of CRS Online Application

This is to certify that (name of student) _____ with student number _____ - _____ is applying for the following CRS online process for the 1st Sem/2ndSem/Midterm AY ____ - ____:

___ LOA ___ Clearance ___ Transcript of Records

This certification is issued upon request so that the University Computer Center may reset the aforementioned student's DilNet account password for his/her online CRS application.

Thank you very much.

Signature over Printed Name	Designation/Position
Department & College	

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