AUTHORIZATION AND REQUEST FOR CERTIFICATE OF GRADES (COG)

We, the undersigned students, hereby request the issuance of our Certificates of
Grades (COG) for the purpose of complying with the requirements of the Provincial
Scholarship Program of Governor Remulla.

We authorize	to file, process, and claim the said
documents on our behalf.	·

NO.	STUDENT NUMBER	NAME	SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			





27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		

Certified true and correct:
(Class Representative's Name and Signature)
Date Filed:
For Registrar's Office Use Only
Total Amount:
Date of Release:



