

**National Teacher Training Center for the Health Professions  
University of the Philippines Manila**

**READMISSION**

To whom It May Concern: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that \_\_\_\_\_, has been readmitted to the College effective \_\_\_\_\_.

Readmission Fee: (P225.00)

Signed by:

OR No. \_\_\_\_\_

\_\_\_\_\_  
College Secretary

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