



Registrar Services Unit

Website: www.ddosc.edu.ph Email: registrar_compostela@ddosc.edu.ph Contact #: 0962-5034-988

VALIDATION FORM

 DATE

 President
 This Institution

Thru: _____
 Vice President for Academic Affairs

SIR/MADAM:

I have the honor to request for the validation of the following course/s, which I took and passed at _____ during the _____ Semester of SY _____ for possible accreditation to the same course/s required in the program I am pursuing.

Course Code: (DDOSC)	Course Code: (Previous School)	Course Title:	Grades:	Units:	Validated by:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Very truly yours,

 Signature over Printed Name of Student

Program/Year: _____

Recommending Approval:

 Program Coordinator

Approved by:

 Program Head

Certified by:

METZEI C. BASTE
 College Registrar

Confirmed through BOT Resolution No. 2017-035

