



Republic of the Philippines
CENTRAL LUZON STATE UNIVERSITY
Science City of Muñoz, Nueva Ecija

DISTANCE, OPEN, AND TRANSNATIONAL UNIVERSITY

REQUEST FOR CERTIFICATION OF GRADES

Date: _____

Name of Student: _____

Degree Program: _____

School Year when courses were taken: _____

Pls. check: _____ 1st semester
 _____ 2nd semester

Purpose: _____

Signature

Note: Certification of grades will be released on _____; that is, five (5) working days after filing the application.