

**UNIVERSITY OF THE PHILIPPINES DILIMAN
VISUAL ARTS AND CULTURAL STUDIES SCHOLARSHIP PROGRAM (UPD VACSSP)**

CERTIFICATION OF SCHOLARSHIP

Name: _____
Student No. : _____
College: _____

Year Level/Course: _____
Semester and Academic Year: _____
Amount covered by scholarship: _____
(To be filled out by O.U.R.)

Subjects	Days	Time	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Units Enrolled in:			_____

Signature

Approved by:

< UPD-OICA Coordinator >

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