



Republic of the Philippines
PHILIPPINE STATE COLLEGE OF AERONAUTICS
VAB
Campus

FOR : _____
Vice President for Academic Affairs

This is to certify that the **Syllabus of Instruction** was discussed and received by my students as per information below:

COURSE CODE: GEC 7
COURSE SCHEDULE (DAY/TIME): Tue-Thu 7:00 AM- 8:30 AM

COURSE TITLE: Contemporary World

No.	Name of Student	CRS/YR/SECTION	DATE RECEIVED (MM/DD/YY)	SIGNATURE	REMARKS
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Administered by : _____
Faculty In-Charge
(Printed Name & Signature)

Attested by: _____
(Program Coordinator/ Disciplinary Chair)
(Printed Name & Signature)

Noted by :

Dean of the Institute/Academic Supervisor
(Printed name & Signature)