COURSE COMPLETION REPORT	Form ID: MTC-CCRT-01	Revision: 2.5	Effectivity Date: July 15, 20	
			Date Modified: July 27, 2007	

Training Center: *	NYK-FIL MAKITIME E-TRAINI	NG		
Course: *				
Class No.:*			Bldg. & Room No.:	
Class Schedule:	Start Date: *		Practicum Site/Vessel:	
	End Date: *		Practicum Dates:	
Instructor(s):			Assessor(s):	
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Name Of Graduates				N		Result Of				
No.	Last *	First *	Middle *	Birthday *	No. in Enrollment	Rank/Rating/ Position *	Assessment *	Serial No. Of Certificate *	Remarks	
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	Certified Correct By:			Appproved By:		
	MS. CARMELA S. LAO GUICO			CAPT. ELISEO Z. CLEMENTE JR.		
	MANAGER, PRPD			GENERAL MANAGER, NETI		
OTHER INFORMATION:						