

BUDGET PROPOSAL

Program Title: Masters of Science in Physics

Dissertation Title: Design and Simulation of Silicon-based Microcavity

Source of Fund: ASTHRDP, PCASTRD-DOST

Research and Development Station: MSU-IIT, Iligan City

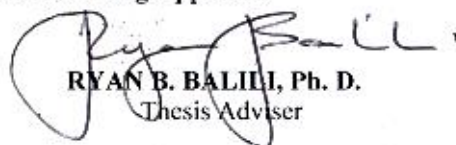
Item	1 Year				
	Q1	Q2	Q3	Q4	Total
I. Personal services					
A. Direct Cost					
1. Salaries					
2. Honoraria					
B. Indirect Cost a/					
Sub-Total					
II. Maintenance and Operating Expenses					
A. Direct Cost					
1. Travel(Local and Foreign)					
2. Supplies and Materials					
CPU			20,000		20,000
MATLAB & Simulink Student Version R2010a		10,000			10,000
Lens (25 -50 focal length)			10,000		10,000
Holders			10,000		10,000
Lens, Mirror and Post					
Miscellaneous					
Halogen lamp, Stand for Halogen Lamp, dimmer switch, wires, etc.			2,000		2,000
3. Communications					
4. Repair and Maintenance of Facilities					
5. Repair and Maintenance of Vehicles					
6. Transportation and Deliveries Expenses					
7. Utilities Expenses					
8. Training and Scholarship Expenses					
9. Advertising Expenses					
10. Printing and Binding Expenses	2,000	2,000	2,000	4,000	10,000
11. Rent Expenses					
12. Representation Expenses					
13. Subscription Expenses					
14. Professional Services					
15. Taxes, Insurance Premiums & Other Fees					
B. Indirect Cost a/					
Sub-Total	2,000	12,000	44,000	4,000	62,000
Grand Total(Php)					62,000

Submitted by:



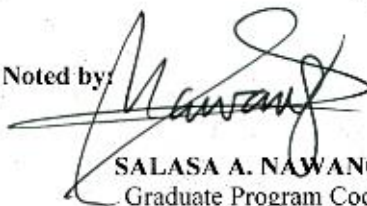
CHRISTINE MARIE T. CEBLANO
ASTHRDP, PCASTRD-DOST Scholar
MSU-Iligan Institute of Technology

Recommending Approval:



RYAN B. BALILI, Ph. D.
Thesis Adviser

Noted by:



SALASA A. NAWANG, Ph. D.
Graduate Program Coordinator



Department of Physics
 College of Science and Mathematics
 MSU-Iligan Institute of Technology



GANTT CHART

" Design and Simulation of Silicon-based Microcavity"

Task	Q1	Q2	Q3	Q4
Simulate published result	■	■	■	
Measure Reflectivity			■	
Design and Simulate Si-based Microcavity		■	■	
Data Analysis		■	■	■
Thesis Manuscript writing	■	■	■	■



Mindanao State University
ILIGAN INSTITUTE OF TECHNOLOGY
Andres Bonifacio Avenue, Tibanga, Iligan City 9200 Philippines
COLLEGE OF SCIENCE AND MATHEMATICS

Telefax: +63 63 221 4068 / +63 63 221 4064 local 145

http://csm.msuilit.edu.ph



CSM - GS Form 4-1 (Updated May 2009)

Date: August 11, 2010

APPROVAL OF PROPOSAL

☐ DISSERTATION
☒ THESIS

Name: Christine Marie T. Cebalano

Degree: Master of Science Specialization: Physics

Title: Design and Simulation of Silicon-based
Microcavity

Comments:

See manuscript for comment.
Return/Present old manuscript to
chairperson/Adviser & members
with the new manuscript

APPROVED:

Advisory Panel

Ryan B. Balili

Chairperson/Adviser

Florencio D. Recalado Jr.

Member

Rosario L. Reserva

Member

Member

Member

Aug. 11, 2010

Date

August 11, 2010

Date

August 11, 2010

Date

Date

Date

Note: Submit this approval sheet and the Proposal, together with the recommendations of the examiners, to the office of the Dean of the College of Science and Mathematics.



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COLLEGE OF SCIENCE AND MATHEMATICS

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<http://osm.msuil.edu.ph>



CSM - GS Form 4-2 (Updated May 2009)

Date: August 11, 2010

PROPOSAL HEARING

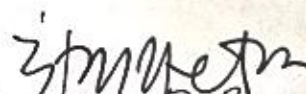
☐ DISSERTATION
☒ THESIS

Name: Christine Marie T. Cebiano

Title: Design and Simulation of Silicon-based
Microcavity

Recommendations:

1. Start using a single quantum well first for your design of Si-based microcavity then after that you can employ multiple quantum wells.
2. See the thesis of Mr. Neal Lanta for the calculation of n_{eff} (the effective index of refraction). He is for VCSEL only, but maybe you will get an idea on how you could apply it for Si-based microcavity.
3. The experimental results of the reflectivity for the samples from NIP UP Diliman are flat, perhaps the incident light is so intense, so consider using filters to minimize the intensity.


Florencio D. Recoletos Jr.
Examiner (Signature over printed name)



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COLLEGE OF SCIENCE AND MATHEMATICS

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<http://csm.msuit.edu.ph>



CSM – GS Form 4-2 (Updated May 2009)

Date: Aug 12/10

PROPOSAL HEARING

☐ DISSERTATION
☒ THESIS

Name: Christine Marie T. Cebiano

Title: Design and Simulation of Silicon-based
Microcavity

Recommendations:

- refine title and objectives of the study
- improve chapter 3 by incorporating ^{the} methods to create a ^{MCP} model of optimum coupling
- incorporate in the manuscript all other corrections/suggestions. Pls see questions/comments on the draft.

RESERVA
Examiner (Signature over printed name)



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

BIR Form No.

2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) 2008		2 For the Period From (MM/DD) 01/01 To (MM/DD) 12/31	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 131 428 882		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) OLE JR., PATRICIO A.		5 RDO Code	
6 Registered Address Iligan City		6A Zip Code 9200	
6B Local Home Address		6C Zip Code	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 02/12/1989		8 Telephone Number	
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33 Holiday Pay (MWE) 33	
10 Name of Qualified Dependent Children		34 Overtime Pay (MWE) 34	
11 Date of Birth (MM/DD/YYYY)		35 Night Shift Differential (MWE) 35	
Leonard Frito Ole 05/01/2003		36 Hazard Pay (MWE) 36	
Lilliana Elline Ole 10/28/2000		37 13th Month Pay and Other Benefits 37	
Learni Dawn Ole 01/03/1991		38 De Minimis Benefits 38	
12 Statutory Minimum Wage rate per day 12		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39	
13 Statutory Minimum Wage rate per month 13		40 Salaries & Other Forms of Compensation 40	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		41 Total Non-Taxable/Exempt Compensation Income 41	
Part II Employer Information (Present)		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Taxpayer Identification No. 000 001 920 647		42 Basic Salary 42	
16 Employer's Name MSU-Iligan Institute of Technology		43 Representation 43	
17 Registered Address Tibangas, Iligan City		44 Transportation 44	
17A Zip Code 9200		45 Cost of Living Allowance 45	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		46 Fixed Housing Allowance 46	
Part III Employer Information (Previous)		47 Others (Specify) 47A	
18 Taxpayer Identification No.		47B 47B	
19 Employer's Name		SUPPLEMENTARY	
20 Registered Address		48 Commission 48	
20A Zip Code		49 Profit Sharing 49	
Part IV-A Summary		50 Fees Including Director's Fees 50	
21 Gross Compensation Income from Present Employer (Item 41 plus item 55)	21	51 Taxable 13th Month Pay and Other Benefits 51	
22 Less: Total Non-Taxable/Exempt (Item 41)	22	52 Hazard Pay 52	
23 Taxable Compensation Income from Present Employer (Item 55)	23	53 Overtime Pay 53	
24 Add: Taxable Compensation Income from Previous Employer	24	54 Others (Specify) 54A	
25 Gross Taxable Compensation Income	25	54B 54B	
26 Less: Total Exemptions	26	55 Total Taxable Compensation Income 55	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27		
28 Net Taxable Compensation Income	28		
29 Tax Due	29		
30 Amount of Taxes Withheld			
30A Present Employer	30A		
30B Previous Employer	30B		
31 Total Amount of Taxes Withheld As adjusted	31		

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 Present Employer/Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

Date Signed **07/14/2009**57 CTC No. **17930853** Employee Signature Over Printed NameDate of Issue **03062009**

Amount Paid

130.20

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of R.R. No. 3-2002, as amended.

58 Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)


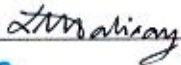
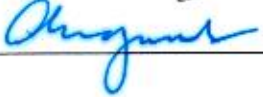
59 Employee Signature Over Printed Name

University of the Philippines Los Baños
OFFICE OF THE DEAN, GRADUATE SCHOOL
College, Laguna, Philippines

APPROVAL OF THESIS/DISSERTATION OUTLINE

Name: BRYAN EDWARD A. DEVANADERA
Student No.: 2002-66933 Major Field: MICROBIOLOGY
Degree Sought: MS Minor/Cognate: MOLECULAR BIOLOGY AND BIOTECHNOLOGY
Title: MOLECULAR IDENTIFICATION OF MYCELIA STERILIA USING THE
RIBOSOMAL INTERNAL TRANSCRIBED SPACER (ITS) DNA SEQUENCES

APPROVED GUIDANCE/ADVISORY COMMITTEE

NAME (Please Print)	Please Affix Signature	Date Signed
DR. RINA B. OPULENCIA Chair		9/20/2010
Co-Chair/Member DR. TERESITA DALISAY		9/29/10
Member DR. ASUNCION K. RAYMUNDO		3/3/11
Member		
Member		

REMARKS:


PROJECT NO. 01300340

NOTED:


DAMAS M. MACANDOG
Chair/Director


Dept./Institute

Date


ENRICO P. SUPANGCO

Vice-Chancellor for Research & Extension


Date


MA. CRISTETA N. CUARESMA

Secretary, Graduate School

Date

APPROVED:


OSCAR B. ZAMORA

Dean

Date

Proposed Thesis Budget

Name of Student: Bryan Edward A. Devanadera

Graduate Program: Masters of Science in Microbiology

Proposed Thesis Title: Molecular Identification of Locally Isolated Mycelia Sterilia using the Internal Transcribed Spacer (ITS) DNA Sequences

THESIS EXPENDITURE	QUANTITY	UNIT PRICE	BUDGET ALLOCATION	
			(ASTHRDP-PCASTRD)	PERSONAL

LABORATORY SUPPLIES AND MATERIALS

DNA Extraction Kit	1	PHP 15,000.00	PHP 15,000.00	
DNA Marker	1	PHP 7,500.00	PHP 7,500.00	
PCR Master Mix	1	PHP 5,000.00	PHP 5,000.00	
Blue Tips (1000uL)	1 (1000 pcs.)	PHP 800.00		PHP 800.00
Yellow Tips (200uL)	1 (1000 pcs.)	PHP 800.00		PHP 800.00
White Tips (10uL)	1 (1000 pcs.)	PHP 1,000.00		PHP 1,000.00
Eppendorf Tubes (1.5mL)	1 (1000 pcs.)	PHP 1,500.00		PHP 1,500.00
Eppendorf Tubes (0.2mL)	1 (100 pcs.)	PHP 300.00		PHP 300.00
Plastic plates	2 (20 pcs.)	PHP 350.00		PHP 700.00
Pipettors (1000uL, 300uL, 100uL, 30uL, 3uL)	5	PHP 10,000.00		PHP 50,000.00
Alcohol, Tissue paper, Gloves, Lighter, Marker	1	PHP 2,000.00		PHP 2,000.00

LABORATORY SERVICES

DNA SEQUENCING	40 samples	PHP 600.00	PHP 22,500.00	PHP 1,500.00
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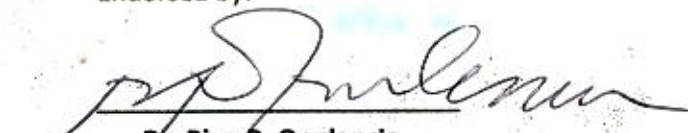
TOTAL

PHP 50,000.00

PHP 58,600.00


Bryan Edward A. Devanadera

Endorsed by:


Dr. Rina B. Opulencia
Adviser

APPENDIX

Protocol

For optimal performance, add beta-mercaptoethanol (user supplied) to the Fungal/Bacterial DNA Binding Buffer to a final dilution of 0.5% (v/v) i.e., 500 μ l per 100 ml.

1. Add 50-100 mg (wet weight) fungal or bacterial cells that have been resuspended in up to 200 μ l of water or isotonic buffer (e.g., PBS) or up to 200 mg of tissue to a ZR BashingBead™ Lysis Tube. Add 750 μ l Lysis Solution to the tube.
2. Secure in a bead beater fitted with a 2 ml tube holder assembly (e.g., Dismotor Genie™) and process at maximum speed for 5 minutes.
Processing times may be as little as 10 seconds when using high-speed cell disruptors (e.g., FastPrep™, see page 5). See manufacturer's manual for operating information.
3. Centrifuge the ZR BashingBead™ Lysis Tube in a microcentrifuge at 10,000 \times g for 1 minute.
4. Transfer up to 400 μ l supernatant to a Zymo-Spin™ IV Spin Filter (orange top) in a Collection Tube and centrifuge at 7,000 rpm (\sim 7,000 \times g) for 1 minute.
Disc of the case of the Zymo-Spin™ IV Spin Filter prior to use.
5. Add 1,200 μ l of Fungal/Bacterial DNA Binding Buffer to the filtrate in the Collection Tube from Step 4.
6. Transfer 800 μ l of the mixture from Step 5 to a Zymo-Spin™ IC Column in a Collection Tube and centrifuge at 10,000 \times g for 1 minute.
7. Discard the flow through from the Collection Tube and repeat Step 6.
8. Add 200 μ l DNA Pre-Wash Buffer to the Zymo-Spin™ IC Column in a new Collection Tube and centrifuge at 10,000 \times g for 1 minute.
9. Add 500 μ l Fungal/Bacterial DNA Wash Buffer to the Zymo-Spin™ IC Column and centrifuge at 10,000 \times g for 1 minute.
10. Transfer the Zymo-Spin™ IC Column to a clean 1.5 ml microcentrifuge tube and add 100 μ l (25 μ l minimum) DNA Elution Buffer directly to the column matrix. Centrifuge at 10,000 \times g for 30 seconds to elute the DNA.

Ultra-pure DNA is now ready for use in your experiments.

The Zymo-Spin™ IV Spin Filter is a 2 ml tube holder assembly (e.g., Dismotor Genie™) and process at maximum speed for 5 minutes.

The Zymo-Spin™ IC Column is a 2 ml tube holder assembly (e.g., Dismotor Genie™) and process at maximum speed for 5 minutes.

ZYMO RESEARCH CORP.

Toll Free: 1-866-882-0652 • Fax: 1-714-286-0643 • Web: www.zymoresearch.com • Email: info@zymoresearch.com

Protocol

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ZYMO RESEARCH CORP.

Toll Free: 1-866-882-0652 • Fax: 1-714-286-0643 • Web: www.zymoresearch.com • Email: info@zymoresearch.com

DNA extraction kit protocols.

UPLB FORM 26

CHANGE OF MATRICULATION

UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

(Registrar's Copy)

Revised October 2003

Student Number 02 66933	NAME (Last, Given, Middle) DEVANADERA BRYAN EDWARD A.	COLLEGE GS	DEGREE COURSE MS MICRO	SCHOOL YEAR: 2009-2010 [] 1 st sem [X] 2 nd sem [] Summer
-----------------------------------	---	----------------------	----------------------------------	--

SUBJECT AUTHORIZED				SUBJECT CANCELLED			
Course No.	Section	Unit	Instructor's Signature	Course No.	Section	Unit	Instructor's Signature
1.				1.	CHEM 160	1L	2
2.				2.			
3.				3.			
4.				4.			
5.				5.			
6.				6.			
7.				7.			
8.				8.			

Reasons: For Subjects Authorized

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

For Subjects Cancelled

1. to be taken summer
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

ASSESSMENT

Change of Mat. Fee 10
 Tuition _____
 Laboratory _____
 TOTAL 10
 Assessed by [Signature]

Adviser's Signature

CRISTINA N. CUARES
 College Secretary (For the Dean)
 Secretary, Graduate School

Date

4/13/09

C.R. No.

Date

13/11/09 UPLB TTL

Collected by

10.00

(To be filled up by the student)

No. of Academic Units Registered in Form 5

11

No. of Academic Units Authorized

0

No. of Academic Units Cancelled

2

Grand Total of Academic Units Registered

9

Signature of Student

UPLB FORM 5: UNIV. OF THE PHIL. LOS BAÑOS CERTIFICATE OF REGISTRATION (Rev. 2002)
 WRITE IN BLOCK LETTERS. Use an "X" mark in answering information preceded by a box.

This serves as OFFICIAL RECEIPT if
 an amount is printed thru cash
 register.

2002-66933 DEVANADERA BRYAN EDWARD A. Ctrl No: 92						STFAP NO.	TOTAL AMT.	REASSESSMENT
SUBJECTS	Units	Section	College	Degree	Term/School Year			
CHEM 160-1	2.0	1L	GS	MS	2ND 2009-2010	1	45.50	Tuition
MSB 201	3.0	X				2	45.50	Misc
MSB 206	3.0	SI-1L				3	45.50	Std. Fund
MSB 220	3.0	C-1L				4	45.50	Lab Fee
						5	2,160.50	Ent/Dep
						6	4,910.50	NSTP
						7	7,660.50	Fine
						8	10,410.50	TOTAL FEES
						(9)	13,160.50	AMT. PAYABLE
								Plus EDF
								(Amt. Paid For Tuition and Other Fees)
								COLLECTED BY (Date) (C.R. NO.) (Amt. Paid)

REGISTERED

Total Units **11.0**

REASSESSED BY:

AUDITED BY:

COLLECTED BY (Date) (C.R. NO.) (Amt. Paid)

376-38

for 11/17/09

UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
GRADUATE SCHOOL
College, Laguna

NOMINATION OF GUIDANCE COMMITTEE

NAME: DEVANADERA BRYAN EDWARD ARCIAGA
(Family Name) (First Name) (Middle Name)
Student Number: 02-66933 Major: MICROBIOLOGY Minor/AOS: MBB
Date of Admission: JUNE 2009 Degree(s) Completed: BS BIO Degree Sought: MS

Hereby nominate the following as Chair/Members of my Guidance Committee:

<u>DR. RINA B. ORTIZ</u> Chair (Print Name & Signature)	<u>MICROBIOLOGY</u> Representing (Major Field)	<u>11/12/09</u> Date
<u>DR. ARNOLD K. RAYMUNDO</u> Co-Chair (Print Name & Signature)	<u>MICROBIOLOGY</u> Representing (Major Field)	<u>11/12/09</u> Date
<u>DR. TRINIDAD</u> Member (Print Name & Signature)	<u>MBB</u> Representing (Major Field)	 Date
 Member (Print Name & Signature)	 Representing (Minor Field)	 Date

PLAN OF COURSE WORK (For MS and MA only)

Course Number	Course Title	Pre-requisite(s)	Sem. Offering	Unit(s)	Grade
MAJOR COURSES					
MCB 201	Advances in Microbiology	CO1	1	3	
MCB 240	Determinative Bacteriology	MCB101	1	3	
MBB 245	Environmental Biotechnology	MCB1 & CHM160	1	3	
MCB 220	Microbial Physiology	MCB101 & MCB120	2	3	
MBB 211	Biocomputing	CO1	1	2	
CHM160.1	Introductory Biochemistry Lab	CHM160	5	2	
MCB 299a	Graduate Seminar	-	1	1	
MCB 299b	Graduate Seminar	-	2	1	
MCB 300a	Master's Thesis	-	1	3	
MCB 300b	Master's Thesis	-	2	3	
MINOR COURSES					
MBB 201	Advance Molecular Biology	BIO 101	2	3	
MBB 206	Research Techniques in Mole Bio	MBB 201/CO1	2	3	
MBB 240	Industrial Biotechnology	MATH 20, CHM160 & MCB1	1	3	
OTHERS					

- Maximum of 6 units will be credited for 100-level courses which could be placed either in major or minor courses
- Courses numbered 190/191 will not be credited
- Courses which are needed but not to be credited should be placed under "Others"

Bryan Edward Arciaga
Signature of Student

RECOMMENDING APPROVAL: ENDORSED:

APPROVED:

<u>MA. CRISTETA N. CUARESMA</u>	<u>OSCAR B. ZAMORA</u>
Dept. Chair/Institute Director	College Secretary, GS
 Date	 Dean, GS

2002-66933		DEVANADERA DEVANERA RYAN EDUARD		Ctrl No: 11		STFAP NO.	TOTAL AMT.	REASSESSMENT
SUBJECTS	Units	Section	College CS	Degree MS	Term/School Year 1ST 2009-2010	1	260.00	Tuition 3,000.00
MCB 230	3.0	U				2	260.00	Misc 1,015.00
						3	260.00	Std. Fund
						4	260.00	Lab Fee
						5	1,275.00	Edu/Dep 130.00
						6	2,025.00	NSTP 130.00
						7	2,775.00	Fine 4,275.00
						8	3,525.00	TOTAL FEES 4,275.00
						(9)	4,275.00	AMT. PAYABLE Plus EDF
						(Amt. Paid For Tuition and Other Fees)		
Total Units 3.0						COLLECTED BY (Date) (C.R. NO.) (Amt. Paid)		

UPLB FORM 26 CHANGE OF MATRICULATION		UNIVERSITY OF THE PHILIPPINES LOS BAÑOS		(Student's Copy)			
Revised October 2003							
Student Number 02 66933	NAME (Last, Given, Middle) DEVANADERA RYAN EDUARD A	COLLEGE CS	DEGREE COURSE MS MICRO	SCHOOL YEAR: 200-200 [X] 1 st sem [] 2 nd sem [] Summer			
SUBJECT AUTHORIZED			SUBJECT CANCELLED				
Course No.	Section	Unit	Instructor's Signature	Course No.	Section	Unit	Instructor's Signature
1. MCB 201	U	3		1. MCB 230	W	3	
2. MCB 240	A 11	3		2. CHEM 1601	2L	2	
3. CHEM 1601		2		3.			
4. MCB 205		3		4.			
5.				5.			
6.				6.			
7.				7.			
8.				8.			
Reasons: For Subjects Authorized		For Subjects Cancelled		ASSESSMENT			
1. CORE COURSE		1. CONFLICT OF SCHED		Change of Mat. Fee 30.00			
2. CORE COURSE		2. CONFLICT OF SCHED		Tuition			
3. CORE COURSE		3.		Laboratory			
4. Additional subj		4.		TOTAL 50.00			
5.		5.		Assessed by			
6.		6.					
7.		7.					
8.		8.					
Adviser's Signature		College Secretary (For the Dean)		Date			
				C.R. No. Date Collected by			
(To be filled up by the student)							
No. of Academic Units Registered in Form 5		3		Grand Total of Academic Units Registered 9			
No. of Academic Units Authorized		4		Signature of Student			
No. of Academic Units Cancelled		5					

10/12/09

10/12/09

full-time 9 units 10/12/09
 resign? 7/30