

ATTN: MS. CIELO FINUKES

## UNIVERSITY OF THE PHILIPPINES

School of Statistics

True Copy of Grades

Name: CAMPANO, WENDELL, QUISQUIRIN

Student No. 2001-78450

Course: Doctor of Philosophy (Statistics)

First Semester AY 2010-2011			
Course No.	Units	Grade	Removal/Completion
CS 242	3.0	1.00	
Stat 252	3.0	1.00	
Stat 301	3.0	1.25	
Semester GWA	1.0833		

Second Semester AY 2010-2011			
Course No.	Units	Grade	Removal/Completion
Stat 302	3.0	1.00	
Stat 311	3.0	1.25	
Stat 390	2.0	1.00	
Semester GWA	1.0937		

First Semester AY 2011-2012			
Course No.	Units	Grade	Removal/Completion
Stat 303	3.0	1.00	
Stat 312	3.0	1.25	
Stat 390	2.0	1.00	
Semester GWA	1.0937		

Second Semester AY 2011-2012			
Course No.	Units	Grade	Removal/Completion
Stat 390	2.0	1.00	
Semester GWA	1.0000		

Scholastic Standing:

NOTE: This document is FOR EVALUATION ONLY

Checked By:

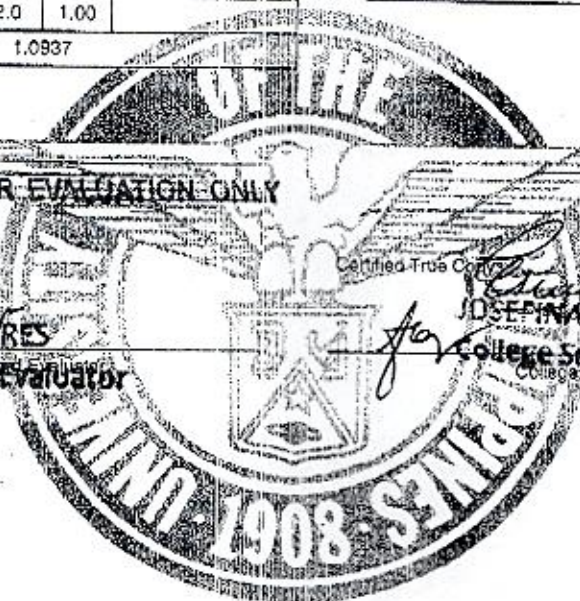
EVELYN B. TORRES

School Credits Evaluator

Certified True Copy

JOSEFINA M. ALMEDA

College Secretary





University Of The Philippines Diliman

*Office of the University Registrar*

17 July 2015

TO WHOM IT MAY CONCERN:

This certifies that

**MARK LOUIE FRAC RAMOS**

of Unit 9C Futurepoint 2, Mother Ignacia St., Quezon City

graduated from the School of Statistics

University of the Philippines Diliman with the degree(s) of

**MASTER OF SCIENCE (Statistics)**

on June 28, 2015.

  
Prof. TESSA MARIA T. GUAZON  
Assistant University Registrar

/mfa

COPY VALID WHEN AUTENTICATED

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REVENUE DISTRICT NO. 038

BIR  
Form No. 2303  
Revised July 1997

OCN 3RC0000179218

**CERTIFICATE OF REGISTRATION**

TIN 136-382-754-000	NAME MARSO, DANILO TORRES	REGISTRATION DATE 06/20/1994
REGISTERED ADDRESS 174 KAINGIN RD A SAMSON 1 QUEZON CITY 1106		
REGISTERED ACTIVITY(IES) TAX TYPE INCOME TAX REGISTRATION FEE PERCENTAGE TAX - FOR FORM 2551		
TRADE NAME MARSO MEDICAL CLINIC		LINE OF BUSINESS / INDUSTRY 8512 PRIVATE MEDICAL, DENTAL, OTHER HEALTH SERVICES



RDO DRY SEAL

I HEREBY CERTIFY THAT THE ABOVE NAMED PERSON IS REGISTERED AS  
INDICATED ABOVE, UNDER THE PROVISIONS OF THE NATIONAL INTERNAL  
REVENUE CODE, AS AMENDED

*[Signature]*  
JONAS DP. MORA

REVENUE DISTRICT OFFICER (signature over printed name)

THIS CERTIFICATE MUST BE EXHIBITED CONSPICUOUSLY IN THE PLACE OF BUSINESS

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