



Republic of the Philippines
Bulacan Agricultural State College
Pinaod, San Ildefonso, Bulacan 3010

CERTIFICATE OF REGISTRATION

Registration No: **269415**

Academic Year/Term : **2nd Semester AY 2024-2025**

STUDENT GENERAL INFORMATION

Student No: **2021000892** College: **Institute of Engineering and Applied Technology**
Name: **DOMINGO, Earl Gerald D** Program: **Bachelor of Science in Information Technology**
Gender: **M** Major: **N/A** Curriculum: **IEATBSIT (new) AY2019-2020**
Age: **22** Year Level: **4th Year** Scholarship/Discount:

CODE	SUBJECT TITLE	U N I T			SECTION	SCHEDULE / ROOM	FACULTY
		Lec	Lab	Credit			
IT 500	Internship/OJT/Practicum	6	0	6	BSIT 4B	Th 1:00 PM - 4:00 PM/ITB 101 M 9:00 AM - 12:00 AM	Ms. Michelle M. Cortez Ms. Michelle M. Cortez

Total Subject/s: **1** Total Unit(s) **6 0 6**

ASSESSED FEES

Soil Tiller	60.00
Supreme Student Council (SSC)	50.00
Research Journal	25.00
Science Fee	30.00
Medical Fee	50.00
Athletic Fee	350.00
Cultural Fees	195.00
Library Fee	100.00
Guidance Counseling Fee	25.00
Computer Fee	200.00
Tuition Fee	990.00

TOTAL ASSESSED	2,075.00
DISCOUNT	0.00
NET ASSESSED	2,075.00
TOTAL PAYMENT	0.00
OUTSTANDING BALANCE	2,075.00

SCHEDULE OF PAYMENTS

Upon Enrollment	Midterm	Prefinal
0.00	0.00	0.00

RULES GOVERNING REFUND

(Part III, Chapter I of Student Manual (Revised 1994))

Section 4. No refund shall be granted for dropping of subjects.
Section 5. Students who drop the entire course within the first month after enrolment are entitled to refund of tuition fees as follows.

- within 1 week from the opening of classes, 75%
- within the 2nd week from the opening of classes, 50%
- within the 3rd week from the opening of classes, 25%
- after the 4th week, no refund

Section 6. No refund shall be made after a month.

In consideration of my admission to the Bulacan Agricultural State College and of the privileges of students in this institution, I hereby abide by and comply with all the rules and regulations laid down by competent authorities in the Bulacan Agricultural State College and the Institute in which I am enrolled.

SIGNATURE OVER PRINTED NAME
STUDENT / GUARDIAN

APPROVED BY:

JAN MICHAEL A. RAMOS
Registrar

OR No. : _____ Amount: _____

Payment/Validation Date : **1/9/25 11:58 AM**

Date Printed : **March 10, 2025**



2021000892

KEEP THIS CERTIFICATE. YOU WILL BE REQUIRED TO PRESENT THIS IN ALL YOUR DEALINGS WITH THE COLLEGES.