

Professional Schools

Ground Floor, PS Building Matina, Davao City

Telefax: (082)305-0645 Local 189

LIBRARY VISIT LOG*

Name of Student:			Program:			
Date of Visit	Purpose	Name of Professor	Subject/ Course	User's Remarks	Signature of Librarian	
*Submit this form	every end of the term (after five (5) me	eetings).				
Session/Term:		Semester:		Academic Year:		
Effectivity: July 8	, 2017					



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