



Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
Isulan Campus, Isulan, Sultan Kudarat, 9805
Province of Sultan Kudarat

Revision No.: _____
Date: _____

Campus: ISULAN
Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-2025

Course Code/Description: PATH FIT-4
Time: 9-10 Date: _____ Room: AVR
Year and Section: 2-D

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. PAPIS, JOHN LLOYD I.	PATHFIT-4	<i>[Signature]</i>	21. FLORO, KIM RAINNIE B.		<i>[Signature]</i>
2. NACIN, DANIEL J.	PATHFIT	<i>[Signature]</i>	22. Naval, Ivana Rondeshel A.		<i>[Signature]</i>
3. FUJII, JIGGIE R.		<i>[Signature]</i>	23. JALEM, CARL VINCENT B.		<i>[Signature]</i>
4. Panagapan, Norman A.		<i>[Signature]</i>	24. Pagayon, Shonmar		<i>[Signature]</i>
5. Batuigas, Nibrod Brylle D.		<i>[Signature]</i>	25. CALIMLIM, LEONARD ROGO		<i>[Signature]</i>
6. Lacar, Nash Wharen		<i>[Signature]</i>	26. RUAKUIDES, RENALD M.		<i>[Signature]</i>
7. Roy, Christian Mark		<i>[Signature]</i>	27. MELFUE, MATHEO		<i>[Signature]</i>
8. Martinez, Rio L.		<i>[Signature]</i>	28. HUMER, OLEAGUE		<i>[Signature]</i>
9. GREGORIAN, DAVE O.		<i>[Signature]</i>	29. JOSPA, ESPADERO		<i>[Signature]</i>
10. BERMUDES, RAVIE JEFF		<i>[Signature]</i>	30. KRISTOF, DECADIES		<i>[Signature]</i>
11. MUYCO, RICKING		<i>[Signature]</i>	31. CASILLERO, CHRISTIAN ONERA		<i>[Signature]</i>
12. DEOCAMPO, JAVE A.		<i>[Signature]</i>	32. LACHICA, AXEL S.		<i>[Signature]</i>
13. QUIZBL JR.		<i>[Signature]</i>	33. RACHO, CREZIAN JOY		<i>[Signature]</i>
14. VENCENT PAUL L MAGNO		<i>[Signature]</i>	34. RIBAS, Martinez		<i>[Signature]</i>
15. JACKIE J. PUERTO		<i>[Signature]</i>	35. DALATAT, JOSUA		<i>[Signature]</i>
16. MARISCAL, RAYMOND		<i>[Signature]</i>	36. Gedang, Cruzel		<i>[Signature]</i>
17. Providencia, Thom Mark		<i>[Signature]</i>	37. Cupid Jane Lapidex		<i>[Signature]</i>
18. Tobuyaga, John Lloyd		<i>[Signature]</i>	38. Matraca, Alvin		<i>[Signature]</i>
19. RELMONTE, JM		<i>[Signature]</i>	39. JOPET, RETUVAN		<i>[Signature]</i>
20. LAZARTE, JOZEL N.		<i>[Signature]</i>	40.		

Attested by:

Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

Susan P. LOSANTES
Faculty Name and Signature/Date

ACKNOWLEDGEMENT RECEIPT:	
Date:	1/23/25
Time:	11:00 AM
By:	<i>[Signature]</i>
Name & Signature of Authorized Representative	

Revision No.: _____
Date: _____

Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
 Isulan Campus, Isulan, Sultan Kudarat, 9805
 Province of Sultan Kudarat

Campus: ISULAN
 Updated as of: _____

COURSE ORIENTATION FORM
211d Semester | SY 2024-25

Course Code/Description: PATH FIT 4
 Time: 9-10 Date: _____ Room: AVR
 Year and Section: 2-D

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1.			21.		
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20.			40.		

Attested by:

Program Chairman/Date 5-14-25

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

SUSAN P. LOURDES

Faculty Name and Signature/Date

ACKNOWLEDGEMENT RECEIPT:

Date: 11/23/25
 Time: 11:00 AM
 By: YRYL

Name & Signature of
 Authorized Representative

Contact Information: (0641) 200-7336; +639985461009; Email: officeofthepresident@sksu.edu.ph

Official website: www.sksu.edu.ph



Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
 Isulan Campus, Isulan, Sultan Kudarat, 9805
 Province of Sultan Kudarat

Campus: ISULAN
 Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-25

Course Code/Description: PATHFIT 2
 Time: 11:30-8:30 Date: _____ Room: KVR
 Year and Section: BTNT - IA

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. Goco, Jezel A.	PATHFIT 2		21. Pauline T. Subarco	PATHFIT 2	
2. Normanizar, Axel Guid M.	PATHFIT 2		22. Dave N. Del Cruz	PATHFIT 2	
3. Luela E. Balscnic	PathFit 2		23. Harold Joshua G. Eslobo	PATHFIT 2	
4. John Andrew Pedregosa	Pathfit 2		24. John Lloyd F. Garcia	PATHFIT 2	
5. Oicena Dac Rodriguez	Pathfit 2		25. John Real Hawdar	PATHFIT 2	
6. Mart Harvey Lanibon	PathFit 2		26. Com Coloyagan	PATHFIT 2	
7. Francis Jham Preza	Pathfit 2		27. Adriam Ahra B. Ostan	11	
8. Rizabelle F. Blance	Pathfit 2		28. John Spencer Ito Natio	11	
9. Judith B. Obitto	PATHFIT 2		29. Almon P. Tumandan Jr.	PATHFIT 2	
10. Michaela Gabriel	PATHFIT 2		30. Miggy Jake D. Alejo	PATHFIT 2	
11. Celipano, Cherie Lou	PATHFIT 2		31. Dyrberg B. Cerino	PATHFIT 2	
12. Michael Jhon Beniera	PATHFIT 2		32. RNSA Y. LAMAS	PATHFIT 2	
13. Styzelle J. Morsendo	PATHFIT 2		33. Ester Jon V. Lantada	11	
14. Saideen M. Kalim	PATHFIT 2		34. John Michael Jordan	PATHFIT 2	
15. TJ P. Reatres	PATHFIT 2		35. Ellen Joy A. Arual	PATHFIT 2	
16. Jim David P. Cordoba	PATHFIT 2		36. Patrick D. Del Estre	PATHFIT 2	
17. Samuel Ray Hospital	PATHFIT 2		37. Jayab D. Ahmad	PATHFIT 2	
18. MALE Roseee Sison	PATHFIT 2		38. TJ P. Reatres	PATHFIT 2	
19. Euer Jan Don-gon	PATHFIT 2		39. Paewal haton Cito	PATHFIT 2	
20. Kenneth Ian L. Carpio	PATHFIT 2		40. Roque Juan	PATHFIT 2	

Attested by:

Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

SUSAN P. LOSANES
 Faculty Name and Signature/Date

ACKNOWLEDGEMENT RECEIPT:

Date: 1/23/25

Time: 11:00 AM

By: Y-Z-L

Name & Signature of
 Authorized Representative



Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
 Isulan Campus, Isulan, Sultan Kudarat, 9805
 Province of Sultan Kudarat

SKSU Works for Success!

Campus: ISULAN
 Updated as of: _____

COURSE ORIENTATION FORM

2nd Semester | SY 2021

Course Code/Description: PATH FIT-2
 Time: 11:30 - 8:30 Date: _____ Room: AVR
 Year and Section: BITE - 1A

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. Jurose F. Pascua	PATHFIT2		21.		
2. Harold Sonelonto	11		22.		
3.			23.		
4.			24.		
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SYLAN P. LOGANES
 Faculty Name and Signature/Date

Attested by:

Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

ACKNOWLEDGEMENT RECEIPT:

Date: 11/23/25
 Time: 11:00 AM

By: Y2YL S. LOGANES

Name & Signature of
 Authorized Representative



**Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
Isulan Campus, Isulan, Sultan Kudarat, 9805
Province of Sultan Kudarat**

Campus: ISULAN
Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-2025

Course Code/Description: PATH FIT-4
Time: TTH - 1-2 PM, Date: _____ Room: AVR
Year and Section: BTVTED - 2D

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. Lucas, Kristal Kaye S.			21. CHAMATUR JEFFREY M.		
2. Horiana, Charlene A.			22.		
3. S. S. D. B. M. R.			23.		
4. Rund, Geraldyn F.			24.		
5. Panor, Angel Pearl P.			25.		
6. Lauderawhen Rose A.			26.		
7. AGUADO, MICHAEL D.			27.		
8. Prosite, Paul Benedict B.			28.		
9. Quita, Anline Fia			29.		
10. SIMON, ARIANE JAMESY.			30.		
11. Samuwo, Heartfull			31.		
12. Pagatut, Christian Allen N.			32.		
13. Lasconia, Christian F.			33.		
14. Magtama, Christ Marc Saver E.			34.		
15. Agupilon, Eric T. D.			35.		
16. Pagtan, Rose Makko			36.		
17. Puyordan, Dave			37.		
18. Lebrina, John Gielor			38.		
19. Francine Calcabui			39.		
20. Quillo, Romeo Carl N.			40.		

Aydecaura
SUJAN P. LOJATER

Faculty Name and Signature/Date

Attested by:

[Signature]
Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

ACKNOWLEDGEMENT RECEIPT:

Date: 1/23/24

Time: 11:00 AM

By: Y24L/B. DOPINGO

Name & Signature of
Authorized Representative

Contact Information: (064) 200-7336; +639985461009; Email: officeofthepresident@sksu.edu.ph
Official website: www.skmu.edu.ph



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Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
 Isulan Campus, Isulan, Sultan Kudarat, 9805
 Province of Sultan Kudarat

 Revision No.: _____
 Date: _____

 Campus: ISULAN
 Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-2025

Course Code/Description: PATH FIT-4 2-B
 Time: THU - 1-2 PM Date: _____ Room: AVR
 Year and Section: IC

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. Sangki Nad O.			21. CASAMANUR, Jeffrey		
2. Flaga, John Deuter R.			22.		
3. Quita, Anline Fia F.			23.		
4. BAYLON, REPZ CHARLES T.			24.		
5. VILLANUEVA, JHUN CEAZAR S.			25.		
6. BANTUYONAN, DANE			26.		
7. Stephen C Segaran	BTUTE-EV	F Segaran	27.		
8. Ibañez, Kim F.	BTUTE-FSM		28.		
9. CARCOSITAS, MICHAEL T.	BTUTE-DT		29.		
10. FLORES, MICHELLE	BTUTE-PSM		30.		
11. BELLO, LEYZEL F	BTUTE-OT		31.		
12. Romuera Heartuel	BTUTE-CH		32.		
13. Paghatu, Christian Alphon	BTUTE-AT		33.		
14. Magbanua Chris Marcosuel	BTUTEAT		34.		
15. Laslonia, Christian E.	BTUTE-AT		35.		
16. Agupilon, Eva O.	BTUTE-ET		36.		
17. Lucas, Kristal Kaye S.			37.		
18. Lechia, John Czariz S.	BTUTE-ET		38.		
19. Franciu Calcaben			39.		
20. Beville, Peante Confin			40.		

Susan P. LORATES
 Faculty Name and Signature/Date

Attested by: *[Signature]*

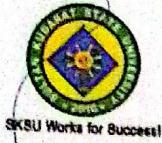
Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

ACKNOWLEDGEMENT RECEIPT:

Date: 11/23/25
 Time: 11:00 AM
 By: Y21L B. R. 001160
 Name & Signature of
 Authorized Representative



Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
 Isulan Campus, Isulan, Sultan Kudarat, 9805
 Province of Sultan Kudarat

Campus: ISULAN
 Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-2025

Course Code/Description: PATHFIT-4 2-A
 Time: THURS - 4-5 Date: _____ Room: AVR
 Year and Section: BTMTE-D 2-A

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. Madleva, Jurito C.			21.		
2. Magtanua, Chris Marc Saver	BTMTE-AT		22.		
3. Sison, ARIANE JADES V.	BTMTE-ET		23.		
4. Lebria, John CZICIEIS	BTMTE-ET		24.		
5. Garcelang, Romela G.	BTMTE DT		25.		
6. Carcastiles, MICHAEL T	PATHFIT 4		26.		
7. VENUS, ET BENEDICT A.	PATHFIT AT		27.		
8. GEPAGO, KEAN D.	BTMTE DT		28.		
9. FUJONAN, DAVE	BTMTE DT		29.		
10. BALANGAO, LADY MHEA	BTMTE DT		30.		
11. TAMPUS, GERI ISABEL Q.	BTMTE ET		31.		
12. LIMNUO, Evelyn F.	BTMTE DTM		32.		
13. PUNAY, JOSEPHAT.	BTMTE-DT		33.		
14.			34.		
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Attested by:

 Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

SUSAN P. LOVANES
 Faculty Name and Signature/Date

ACKNOWLEDGEMENT RECEIPT:

Date: 11/23/25

Time: 11:00 AM

By: YOLANDA DOMINGO

Name & Signature of
 Authorized Representative



Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
 Isulan Campus, Isulan, Sultan Kudarat, 9805
 Province of Sultan Kudarat

Revision No.: _____
 Date: _____

Campus: ISULAN
 Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-2025

Course Code/Description: PATH FIT - 4
 Time: THURS - 4-5 Date: _____ Room: AVR
 Year and Section: BTNTED - 2A _____

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. CARCASITAS, MICHAEL T.	BTYTE - DT	<i>[Signature]</i>	21.		
2. IBANEZ, KIM F.	BTYTE - FSM	<i>[Signature]</i>	22.		
3. Urdene, Jerico C.		<i>[Signature]</i>	23.		
4. Magbanua, ChrisMarc Sever	BTYTE - AT	<i>[Signature]</i>	24.		
5. SIDON, ARIANE JAMES V	BTYTE - ET	<i>[Signature]</i>	25.		
6. Lebrina, John Cielier	BTYTE - ET	<i>[Signature]</i>	26.		
7. VENUS, EJ BENEDICT A	BTVTF - AT	<i>[Signature]</i>	27.		
8. GERAGO, ICEAN		<i>[Signature]</i>	28.		
9. Garcelano, Rose Ira C	BTYTE - ET	<i>[Signature]</i>	29.		
10. FUROYAN DEET	BTVTF	<i>[Signature]</i>	30.		
11. BALANGAO, LADY MAE A	BTYTE - DT	<i>[Signature]</i>	31.		
12. TAMPOS, GERY ISABEL Q	BTUTE - ET	<i>[Signature]</i>	32.		
13. Limjuso, Evelyn F.	BTUTE - ET	<i>[Signature]</i>	33.		
14. PUWAN, JOE JETH R.	BTVTF - DT	<i>[Signature]</i>	34.		
15.			35.		
16.			36.		
17.			37.		
18.			38.		
19.			39.		
20.			40.		

[Signature]
SUJAN P. LOSANTES

Faculty Name and Signature/Date

Attested by:

[Signature]
 Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

ACKNOWLEDGEMENT RECEIPT:

Date: 11/23/25
 Time: 11:00 AM
 By: Y2YEFJR DOMINGO

Name & Signature of
 Authorized Representative



Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
Isulan Campus, Isulan, Sultan Kudarat, 9805
Province of Sultan Kudarat

Revision No.: _____

Date: _____

Campus: Isulan
Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-2025

Course Code/Description: DATH FIT-4
Time: MW-8-9 Date: _____ Room: AIV2
Year and Section: 2-C

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. PASILLO, DESSA C.			21. Valdez Jessica		
2. KALAJON, ANGEL C.			22. GEMERINO CLAUDIOBERTO		
3. LUCENO, RENIEL B.			23. Rizano, Angelo L.		
4. BORNEA, ALEXANDER A.			24. M. Vilig, Maricar S.		
5. DGACO, JERRY P.			25. FACA, JAY EM P.		
6. DIONSON, CHARLIN E.			26. Sulit, Sean Glenn		
7. ANAC-ANAC, PRINCECCYNA			27. PAZ, ROGELIO III		
8. CASA, JUSTINE KATE M.			28. Pasatiempo, Kristine		
9. BERPILLANO, GUDEE LIPRA			29. Benito, Kennethothy		
10. AGUNCIAN, APRIL JOY			30. Leonor, Christine		
11. PALAWAN, ALIBAI, Z			31. Estember, Shane		
12. GENORA, EURYAN, D			32. Jim Alben Mangapana		
13. PALAWAN, CARITA, Z			33. Ruben Porollo		
14. HUPEDA, BERNADETTE			34. Misia Magatlong		
15. LOSENTE, HERMAN III, V			35. Jaycee Olimas		
16. TAHALEON, JOSHUA LLOYD L.			36. Gomang, Kyle Louis F.		
17. NECESITO, LEONARD R.			37. Mahnay, Ponca D.		
18. Huxley, Shenee Key			38.		
19. CASTILLANO, FRANZENNE KAREN			39.		
20. MamaSalagut, Datu u.			40.		

Attested by:

Program Chairman/Date

CC:

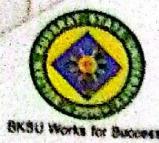
- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

SUSAN D. LOSANES
SUSAN D. LOSANES

Faculty Name and Signature/Date

ACKNOWLEDGEMENT RECEIPT:

Date: 1/23/25Time: 11:05 AMBy: VZYL *John Mingco*Name & Signature of
Authorized Representative

Revision No.: _____
Date: _____

Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
 Isulan Campus, Isulan, Sultan Kudarat, 9805
 Province of Sultan Kudarat

Campus: _____
 Updated as of: _____

COURSE ORIENTATION FORM

Semester | SY _____

Course Code/Description: _____

Time: _____ Date: _____ Room: _____

Year and Section: _____

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1.			21.		
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20.			40.		

Faculty Name and Signature/Date

Attested by:

Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

ACKNOWLEDGEMENT RECEIPT:

Date: 1/23/25

Time: 11:00

By: Y2Y2 S. ROMINA

Name & Signature of
Authorized Representative

Revision No.: _____
Date: _____

Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
 Isulan Campus, Isulan, Sultan Kudarat, 9805
 Province of Sultan Kudarat

Campus: Isulan
 Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-2025

Course Code/Description: PathFit 2
 Time: 3:00 to 4:00 Date: _____ Room: AVR
 Year and Section: 1st Year IE

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. Lubiano, Jessa Mae P.		Lubiano	21.		
2. Ventura, Christian Jay L.		Ventura	22.		
3. Soria, Loren P.		Soria	23.		
4. Dexter B. Dullias		Dullias	24.		
5. Daniel Diego		Diego	25.		
6. Abegail Tortosa		Tortosa	26.		
7. Harvey P. Oto		Oto	27.		
8. Favrite, Lorenz Kent M.		Favrite	28.		
9. Renalyn C. Cabah		Renalyn	29.		
10. Marj Jay Bacutan		Bacutan	30.		
11. Pabillo, Virgenia		Pabillo	31.		
12. Ivan Rey Lalantacon		Ivan Rey	32.		
13. Glen Salgado		Salgado	33.		
14. Ernesto Bello		Bello	34.		
15. Salvador Ferdinand C.		Salvador	35.		
16.			36.		
17.			37.		
18.			38.		
19.			39.		
20.			40.		

Attested by:

Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

SUSAN P. LOSATAS
 Faculty Name and Signature/Date

ACKNOWLEDGEMENT RECEIPT:

Date: 1/23/24
 Time: 11:00 AM

By:

Name & Signature of
 Authorized Representative

Contact Information: (064) 200-7336; +639985461009; Email: info@sksu.edu.ph

CS CamScanner



Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
Isulan Campus, Isulan, Sultan Kudarat, 9805
Province of Sultan Kudarat

Revision No.: _____
Date: _____

Campus: Isulan
Updated as of: _____

COURSE ORIENTATION FORM

Semester | SY _____

Course Code/Description: Pathfit 2
Time: 2.00 to 3.00 Date: _____ Room: AUR
Year and Section: 04/28/2025

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. Jelion R. Diana		<i>Jelion R. Diana</i>	21.		
2.			22.		
3.			23.		
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19.			39.		
20.			40.		

Attested by:

Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

SUSAN P. LOVANES
Faculty Name and Signature/Date

ACKNOWLEDGEMENT RECEIPT:		
Date:	1/23/25	
Time:	11:00 AM	
By:	<i>Y2YL</i>	<i>LOVANES</i>
Name & Signature of Authorized Representative		



**Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
Isulan Campus, Isulan, Sultan Kudarat, 9805
Province of Sultan Kudarat**

Campus: ISULAN CAMPUS
Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-2025

Course Code/Description: PATHFIT 2
Time: 2:00 pm - 3:00 pm Date: _____ Room: AVR
Year and Section: 1F

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. ZYREL M. CALISI	PATHFIT 2		21. JERSON L. HERMATE	PATHFIT 2	
2. NICOLE E. BONIFACIO	PATHFIT 2		22. Esmael K. Gomaga	PATHFIT	
3. MITZ ANTONIO	PATHFIT 2		23. JOHN BENEDECT BERNAL	PATHFIT 2	
4. ET L. APELLIDO	PATHFIT 2		24. GEORGE Q. APRODIT	PATHFIT 2	
5. KAYE N. FLORA	PATHFIT 2		25. JORDI MARK DELA CRUZ	PATHFIT 2	
6. ASHLEY NICOLE AZURES	PATHFIT 2		26. Julian R. Diana	PATHFIT 2	
7. PRINCESS JANE FERRARIN	PATHFIT 2		27. JHUN MARK P. HISO	PATHFIT 2	
8. DAPHNY L. ESTUANO	PATHFIT 2		28. Wenzil F. Castillo	PATHFIT 2	
9. HANNAH M. ORTIZ	PATHFIT 2		29. Mark Tomas H. Narano	PATHFIT 2	
10. RISA C. MUNAR	PATHFIT 2		30. Roldan R. Rizalda	PATHFIT 2	
11. JOHN PAUL S. LEGRISH	PATHFIT 2		31. JEN REY F. CEJIMO	PATHFIT 2	
12. RAFFY D. NICOLAS	PATHFIT 2		32. Galceran, Jay Mat. L.	PATHFIT 2	
13. Kenneth Venz C. Parapay	PATHFIT 2		33. Gabran, Nicole Bhan C.	PATHFIT 2	
14. Adrian S. Ulangtan	PATHFIT 2		34. Cerboas, Gabriel	PATHFIT 2	
15. Emanuel John Capitanian	PATHFIT 2		35.		
16. Lawrence Dave P. Diaz	PATHFIT 2		36.		
17. Jordan Sarco Jon U.	PATHFIT 2		37.		
18. Franklinie B. SALVADOR	PATHFIT 2		38.		
19. Herl Tonnel F. Mambula	PATHFIT 2		39.		
20. Leah G. Margate	PATHFIT 2		40.		

SUSAN V. LOSARIES

Faculty Name and Signature/Date

Attested by:

Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

ACKNOWLEDGEMENT RECEIPT

Date: 11/25/25
Time: 11:00 AM
By: 725L JR DOMINGO

Name & Signature of
Authorized Representative



SKSU Works for Success!

Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
Isulan Campus, Isulan, Sultan Kudarat, 9805
Province of Sultan Kudarat

Revision No.:

Revision No.: _____
Date: _____

Campus: ISULAN CAMPUS
Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-2025

Course Code/Description: PATHFIT 2
Time: 2:00 PM - 3:00 PM Date: _____ Room: AVR _____
Year and Section: 1F

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. TYREL M. SALISI	PATHFIT 2		21. JERSON L. HERALDE	PATHFIT 2	
2. NICOLE E. BONIFACIO	PATHFIT 2		22. Esmael K. Colino	PATHFIT 2	
3. MIR ANTONIO	PATHFIT 2		23. JANO BENEDICT BERNALES	PATHFIT 2	
4. EJ L. APELLIDO	PATHFIT 2		24. GEORGE A. APROSTA	PATHFIT 2	
5. KAYE N. FLORA	PATHFIT 2		25. JOHN MARK DELA CRUZ	PATHFIT 2	
6. ASHLEY NICOLE L. AZURES	PATHFIT 2		26. Jelian R. Diana	PATHFIT 2	
7. PRINCESS JANE FERRARIN	PATHFIT 2		27. JOHN MARK P. HISO	PATHFIT 2	
8. DAPHNY G. ESTOLANO	PATHFIT 2		28. Venzel F. Castillon	PATHFIT 2	
9. HANNAH M. ORTIZ	PATHFIT 2		29. Mark James R. Navarro	PATHFIT 2	
10. RIBA C. MUNAP	PATHFIT 2		30. Rolday R. Rienaldo	PATHFIT 2	
11. JOAN PAUL S. LAROSA	PATHFIT 2		31. JEN REX F. CEMINTO	PATHFIT 2	
12. RAPPY D. NICOLAS	PATHFIT 2		32. Gallenero, Jay Mark L.	PATHFIT 2	
13. Kenneth Ugn C. Pompay	PATHFIT 2		33. Calaman, Nicole Blanca C.	PATHFIT 2	
14. Adrian S. Ulangkaya	PATHFIT 2		34. Corbas, Gabrielle	PATHFIT 2	
15. Emmanuel JOHN SANTANAU	PATHFIT 2		35.		
16. Laurence Pavie P. Orata	PATHFIT 2		36.		
17. Jordana, Sarce Jhon V.	PATHFIT 2		37.		
18. TRIANGULO B. SAYADOR	PATHFIT 2		38.		
19. Hera Torrell F. Mambuluon	PATHFIT 2		39.		
20. Leah G. Margarita	PATHFIT 2		40.		

Attested by:

Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

SUSAN P. LOSAYES

Faculty Name and Signature/Date

ACKNOWLEDGEMENT RECEIPT:

Date: 11/23/23

Time: 11:00 AM

By:

DOMINGO
Name & Signature of
Authorized Representative

Revision No.: _____
Date: _____

**Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
Isulan Campus, Isulan, Sultan Kudarat, 9805
Province of Sultan Kudrat**

Campus: IJU(AA)
Updated as of: _____

COURSE ORIENTATION FORM
2nd Semester | SY 2024-2025

Course Code/Description: PATH - FIT 2
Time: 9:00 to 10:00 Date: _____ Room: AVR
Year and Section: 1B

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1. Christ Lani D. Susch	PATH-FIT 2	<i>[Signature]</i>	21. Aguirre John Lester	PATH FIT 2	<i>[Signature]</i>
2. Marz Raven Duranba	PATH-FIT 2	<i>[Signature]</i>	22. Jasper Clark Horacio	PATH FIT 2	<i>[Signature]</i>
3. Mico M. Medalla	PATH-FIT 2	<i>[Signature]</i>	23. Joan P. Haligan	PATH FIT 2	<i>[Signature]</i>
4. Christina S. Terceros	PATH-FIT 2	<i>[Signature]</i>	24.		
5. Stephen S. Rutherford	PATH-FIT 2	<i>[Signature]</i>	25.		
6. Kyla Tranquillen	PATH-FIT 2	<i>[Signature]</i>	26.		
7. Princess Dianne Tiberio	PATH-FIT 2	<i>[Signature]</i>	27.		
8. Joan D. Balagan	PATH-FIT 2	<i>[Signature]</i>	28.		
9. Gynthia Ale C. Pifayan	PATH-FIT 2	<i>[Signature]</i>	29.		
10. Jhon Erik D. Silao	PATH-FIT 2	<i>[Signature]</i>	30.		
11. Keyjan A. Jimenez	PATH-FIT 2	<i>[Signature]</i>	31.		
12. Mark Ryan A. Corazon	PATH-FIT 2	<i>[Signature]</i>	32.		
13. Bronx Jaynor I. Funtok	Path Fit 2	<i>[Signature]</i>	33.		
14. Harold Colimbo	PathFit 2	<i>[Signature]</i>	34.		
15. Jerwin Enaguas	PathFit 2	<i>[Signature]</i>	35.		
16. Eljay Mata	PathFit 2	<i>[Signature]</i>	36.		
17. Maguidato Justin	PathFit 2	<i>[Signature]</i>	37.		
18. Noraldin D. Alvaro	PathFit 2	<i>[Signature]</i>	38.		
19. Andrew James Leodoro	PathFit 2	<i>[Signature]</i>	39.		
20. Clark Vincent G. Atilda	PathFit 2	<i>[Signature]</i>	40.		

XO
SMEAN P. LOGANES

Faculty Name and Signature/Date

Attested by:

[Signature]
Program Chairman/Date

CC:

- 1 - Dean
- 1 - Program Chairman
- 1 - Accreditation
- 1 - Faculty Concern

ACKNOWLEDGEMENT RECEIPT:

Date: 11/23/25

Time: 4:00 AM

By: Y2Y2

Name & Signature of
Authorized Representative



Republic of the Philippines
SULTAN KUDARAT STATE UNIVERSITY
 Isulan Campus, Isulan, Sultan Kudarat, 9805
 Province of Sultan Kudarat

Campus: ISULAN
 Updated as of: _____

COURSE ORIENTATION FORM
 Semester | SY 2024-2025

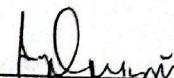
Course Code/Description: PATHFITZ
 Time: 9:00 - 10:00 Date: _____ Room: AVR
 Year and Section: 1B

We hereby acknowledge and certify that the instructor refer in the course mentioned above had oriented us on College Vision, Mission, Goals and Objectives, the policies and guidelines, instructional standards (course content, grading system, list of references and consultation time).

Name	Course Code	Signature	Name	Course Code	Signature
1.			21.		
2.			22.		
3.			23.		
4.			24.		
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19.			39.		
20.			40.		

Attested by:


 Program Chairman/Date


 Faculty Name and Signature/Date

CC:

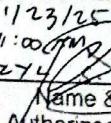
- 1 – Dean
- 1 – Program Chairman
- 1 – Accreditation
- 1 – Faculty Concern

ACKNOWLEDGEMENT RECEIPT:

Date: 1/23/25

Time: 11:00 AM

By: Yez Yezzani


 Name & Signature of
 Authorized Representative