



\_\_\_\_\_  
(Date)

## Certification from the Dean (Sample Pattern Only)

This is to certify that the \_\_\_\_\_ to  
be conducted by \_\_\_\_\_ on  
\_\_\_\_\_ at \_\_\_\_\_ is a  
(Date) (Place)  
co-curricular activity that aims to reinforce classroom learning and to  
enrich the skills of our students.

As Dean of the College of \_\_\_\_\_, I am ensuring that this  
(Name of College)  
activity will observe the guidelines and rules set by Bulacan State  
University.

\_\_\_\_\_  
(Signature over printed name)  
Dean, College



\_\_\_\_\_  
(Date)

## Certification from the Adviser (Sample Pattern Only)

This is to certify that the \_\_\_\_\_ to  
be conducted by \_\_\_\_\_ on  
\_\_\_\_\_ at \_\_\_\_\_ is  
(Date) (Place)  
part of the organization plan of activities that was submitted to the Office  
of the Student Organizations.

As the adviser of the organization, I am ensuring that this activity  
will observe the guidelines and rules set by Bulacan State University.

\_\_\_\_\_  
(Signature over printed name)  
Adviser, Student Organization