

	ST. MICHAEL'S COLLEGE OF ILIGAN, INC.		<i>Document Code:</i> SMCII.RMO.TWF7.007	
	<i>Subject:</i> TW Form 7: Certificate of Data Gathering		<i>Rev.:</i> 0	<i>Effectivity Date:</i> 2.12.2025

Certification

This is to certify that the data gathering phase of the research conducted by

(names of proponents)

entitled _____

took place in St. Michael's College of Iligan Inc. on

_____.

(date of data gathering)

This certification is issued upon the request of the researcher to
authenticate the data gathering conducted at _____

(place of data gathering)

under my approval and supervision. Given this _____ day of _____.

Head of Office