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| **RE-ADMISSION SLIP** | | | | | | | | | | | |
| This is to certifies that, | | ABADIANO , IVY M. | | | | | | a ***RETURNEE*** student, fulfilled all | | | |
| necessary requirements and formalities and is hereby granted a permission to resume his/her studies in | | | | | | | | | | | |
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| the Academic Year **2023 - 2024**, **Second Semester.** | | | | | | | | | | | |
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| Program: | Bachelor of Elementary Education | | | | | | | | | | |



**MAE V. CAÑAL, RGC, RPm, RPsy**

*Director, Student Welfare and Development Services*

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**MAE V. CAÑAL, RGC, RPm, RPsy**

*Director, Student Welfare and Development Services*

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_