



# City College of Tagaytay

Akle St. Kaybagal South Tagaytay City  
Telephone No.: (046)483-0470/(046)483-0672



## CERTIFICATE OF REGISTRATION

**Date:03-10-2016**

☐ NEW

NAME \_\_\_\_\_ STUDENT NO. \_\_\_\_\_  
Last Name First Name Middle Name

COURSE \_\_\_\_\_ MAJOR: \_\_\_\_\_

YEAR LEVEL \_\_\_\_\_ SECTION: \_\_\_\_\_

\_\_\_\_\_ SEMESTER 20\_\_-20\_\_ SUMMER TERM 20\_\_\_\_\_

### REGISTRATION STATUS:

COURSE CODE	COURSE DESCRIPTION	UNITS/CREDITS

Department Head: \_\_\_\_\_

Approved: \_\_\_\_\_

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

\_\_\_\_\_  
DEAN/REGISTRAR