



School : SAN LORENZO RUIZ CENTER OF STUDIES & SCH

Address : ST. DOMINIC CORINTHIAN SUBD., BRGY DOLORES, CITY OF SAN FERNANDO, PAMPANGA

Build	ing : ST. MARY'S H	IALL	Floor:1ST	Room/Grp No. : M103	
Seat	Last Name	First Name	Middle Name	School Atte	nded
No.					
1	ALFONSO	DARWIN	FLORES	VIRGEN MILAG	BROSA UNIVERSITY FOUNDATION
2	ALVAREZ	ALYZA	LUGUE	ANGELES UNI	/ERSITY FOUNDATION
3	ARCEO	ARABELLA	CALDERON	FAR EASTERN MEDICAL FOUI	UNIVERSITY-NICANOR REYES NDATION
4	AYSON	LADY CHRYZ	LAPUZ	ANGELES UNI	/ERSITY FOUNDATION
5	BALATICO	AL ACE	IGNACIO	ANGELES UNI	/ERSITY FOUNDATION
6	BALINGIT	JAIME II	BOSITO	ANGELES UNI	/ERSITY FOUNDATION
7	BALUYUT	ARNOLD JOHN II	PANGAN	OUR LADY OF	FATIMA UNIVERSITY-VALENZUEL
8	BANZON	JOHN PAUL	ALMEDA	CENTRO ESCO	DLAR UNIVERSITY-MANILA
9	BARON	KRISTIANNE DANIELLE	BUCU	ANGELES UNI	/ERSITY FOUNDATION
10	BARTOLOME	MARIA VICTORIA	TUAZON	ANGELES UNI	/ERSITY FOUNDATION
11	BASIBAS	MAE JILL	RUFINO	VIRGEN MILAG	ROSA UNIVERSITY FOUNDATION
12	BAUTISTA	JERICHO	BUNDALIAN	ANGELES UNI	/ERSITY FOUNDATION
13	BAUTISTA	KWINEE HAIRA	ESGUERRA	OUR LADY OF	FATIMA UNIVERSITY-VALENZUEL
14	BAYLOSIS	NIÑO MARI STEFAN	OCTAVIANO	GULLAS COLLE	EGE OF MEDICINE
15	BELTRAN	BRYAN KEVIN	LUMALU	LYCEUM NORT DAGUPAN CIT	THWESTERN UNIVERSITY- Y
16	BONDOC	MARIA ISABEL	DIZON	OUR LADY OF	FATIMA UNIVERSITY-VALENZUEL
17	BUHAY	JELLY JANE	MIRANO	OUR LADY OF	FATIMA UNIVERSITY-VALENZUEL
18	BUMANGLAG	MA. EVA CECILIA	ANDAYA	OUR LADY OF	FATIMA UNIVERSITY-VALENZUEL/
19	CALMA	JAMES EDWARD	CAPULONG	ANGELES UNI	/ERSITY FOUNDATION
20	CANLAS	MARIA CARLA	TIMBANG	OUR LADY OF	FATIMA UNIVERSITY-VALENZUEL

REMINDER: USE SAME NAME IN ALL EXAMINATION FORMS. IF THERE IS AN ERROR IN SPELLING AND OTHER DATA KINDLY REQUEST YOUR ROOM WATCHERS TO CORRECT IT ON THE FIRST DAY OF EXAMINATION. REPORT TO YOUR ROOM ON OR BEFORE 6:30 A.M. LATE EXAMINEES WILL NOT BE ADMITTED.

Examinee shall prepare duly accomplished three-paged Informed Consent (ANNEX A) and three paged Health Declaration (ANNEX B) forms with the Notice of Admission and their:

Photocopy of complete vaccination card (original to be presented);

OR

 Original copy of the 10-day quarantine certificate signed by a registered physician/barangay chairperson/municipal or rural health officer (end date of quarantine must be 2 -3 days before the examination)

OR

• Original hard copy of antigen test results with certificate, taken 48 hours/2 days before the examination;

OR

• Original hard copy of negative RT-PCR test results (taken 3-5 days before the exam)



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Building : ST. MARY'S HALL			Floor:1ST	Room/Grp No. : M104	
Seat	Last Name	First Name	Middle Name	School Atten	ded
No.					
1	CANLAS	MARVIN RAY	SONZA	OUR LADY OF F	ATIMA UNIVERSITY-VALENZUELA
2	CARACTA	ROBERT BENEDICT	BADA	ANGELES UNIV	ERSITY FOUNDATION
3	CASTILLO	CHRISTIAN	QUIZON	UNIVERSITY OF MEM MEDICAL	THE EAST RAMON MAGSAYSAY
4	CASTRO	JHILLIANE GAYLE	RAZO	OUR LADY OF F	ATIMA UNIVERSITY-VALENZUELA
5	CASTRO	MARK WILFRED	GUARIN	ANGELES UNIV	ERSITY FOUNDATION
6	CELESTINO	DIMPLE	BELGICA	ANGELES UNIV	ERSITY FOUNDATION
7	CHUA	ANNA KHALEHLA	LEGASPI	VIRGEN MILAGE	ROSA UNIVERSITY FOUNDATION
8	CRUZ	CARMEL MARICE	CUNANAN	OUR LADY OF F	ATIMA UNIVERSITY-VALENZUELA
9	CRUZ	GEMMALYN	REYES	OUR LADY OF F	ATIMA UNIVERSITY-VALENZUELA
10	DA-ANTON	JHERILYN	BELTRAN	ANGELES UNIV	ERSITY FOUNDATION
11	DADUYO	EDLYNE ABIGAEL	CACUT	VIRGEN MILAGE	ROSA UNIVERSITY FOUNDATION
12	DALUSUNG	ALYSSA DANIELLE	MERCADO	ANGELES UNIV	ERSITY FOUNDATION
13	DAVID	CHRISTIAN IRVIN HARVEY	ANTASUDA	UNIVERSITY OF	SANTO TOMAS
14	DAVID	CRISTINE MAE	CALALANG	ANGELES UNIV	ERSITY FOUNDATION
15	DAVID	KARL VINCENT	DIZON	OUR LADY OF F	ATIMA UNIVERSITY-VALENZUELA
16	DAVID	PETER JOSEPH	LIMJOCO	UNIVERSITY OF	SANTO TOMAS
17	DAYANDANTE	NINA MAE	SAMIA	OUR LADY OF F	ATIMA UNIVERSITY-VALENZUELA
18	DE GUZMAN	ALYSSA	DUMAS	FAR EASTERN I MEDICAL FOUN	JNIVERSITY-NICANOR REYES DATION
19	DEANG	ANGELI MAE	PANGAN	ANGELES UNIV	ERSITY FOUNDATION
20	DELA CRUZ	JOHN NIñO	MAGAT	OUR LADY OF F	ATIMA UNIVERSITY-VALENZUELA

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Examinee shall prepare duly accomplished three-paged Informed Consent (ANNEX A) and three paged Health Declaration (ANNEX B) forms with the Notice of Admission and their:

Photocopy of complete vaccination card (original to be presented); •

OR

Original copy of the 10-day quarantine certificate signed by a registered physician/barangay chairperson/municipal or rural health officer (end date of quarantine must be 2 -3 days before the examination)

OR

Original hard copy of antigen test results with certificate, taken 48 hours/2 days before the examination;

OR

Original hard copy of negative RT-PCR test results (taken 3-5 days before the exam)



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Building : ST. MARY'S HALL			Floor:1ST	Room/Grp No. : M105	
Seat	Last Name	First Name	Middle Name	School Attended	
No.					
1	DELA ROSA	HANNAH MAREE	CORONEL	OUR LADY OF	FATIMA UNIVERSITY-VALENZUELA
2	DEMEGILIO	MA. THERESA	TALDE	ANGELES UNI	VERSITY FOUNDATION
3	DIZON	JOANNE	PINEDA	ANGELES UNI	VERSITY FOUNDATION
4	DIZON	JOLETTE	PINEDA	ANGELES UNI	VERSITY FOUNDATION
5	DIZON	KRYSPEL	GANDULA	ANGELES UNI	VERSITY FOUNDATION
6	DIZON	PATRICK JOHN	PEREZ	WEST VISAYA	S STATE UNIVERSITY-LA PAZ
7	DIZON	PRECIOUS GEM	MERCADO	FAR EASTERN MEDICAL FOU	I UNIVERSITY-NICANOR REYES NDATION
8	DUEÑAS	ANGELICA	SALGADO	ANGELES UNI	VERSITY FOUNDATION
9	DULA	JED	BUENVIAJE	VIRGEN MILAC	GROSA UNIVERSITY FOUNDATION
10	EDRIA	BRIAN	PAMINTUAN	OUR LADY OF	FATIMA UNIVERSITY-VALENZUELA
11	ESTEBAN	WINS	CUADRO	OUR LADY OF	FATIMA UNIVERSITY-VALENZUELA
12	FIGUEROA	PAUL JOSEPH	GANDO	ANGELES UNI	VERSITY FOUNDATION
13	FLORES	JOEY	PASCUAL	MANILA CENT	RAL UNIVERSITY-CALOOCAN CITY
14	FRANCO	LARA GIANNE	APELIT	OUR LADY OF	FATIMA UNIVERSITY-VALENZUELA
15	GAMBOA	JERIZ MARIE	MANIAGO	UNIVERSITY C	OF SANTO TOMAS
16	GAPUD	JOHN MARK	RESULA	UNIVERSITY C DALTA-LAS PII	OF PERPETUAL HELP SYSTEM NAS
17	GARCIA	GIELEN NIKKI	QUIWA	SAN BEDA UN	IVERSITY
18	GARCIA	MARIA PATRICIA	BEDURAL	MEDICINE -WI	EDICAL CENTER COLLEGE OF LLIAM H. QUASHA C.(FOR SAINT LUKE'S COLLEGE OF

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Examinee shall prepare duly accomplished three-paged Informed Consent (ANNEX A) and three paged Health Declaration (ANNEX B) forms with the Notice of Admission and their:

Photocopy of complete vaccination card (original to be presented);

OR

• Original copy of the 10-day quarantine certificate signed by a registered physician/barangay chairperson/municipal or rural health officer (end date of quarantine must be 2 -3 days before the examination)

OR

• Original hard copy of antigen test results with certificate, taken 48 hours/2 days before the examination;

OR

• Original hard copy of negative RT-PCR test results (taken 3-5 days before the exam)



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Address : ST. DOMINIC CORINTHIAN SUBD., BRGY DOLORES, CITY OF SAN FERNANDO, PAMPANGA

Build	ling: ST. JOSEPH HALL			Floor:1ST	Room/Grp No. : J101
Seat	Last Name	First Name	Middle Name	School Attend	ed
<u>No.</u>					
1	GARIBAY	MARK JAY	CARIÑO	LYCEUM NORTHV DAGUPAN CITY	VESTERN UNIVERSITY-
2	GOMEZ	EARL JOSHUA	VALENCIA	ANGELES UNIVER	SITY FOUNDATION
3	GONZALES	PRINCESS BERNADETTE	DE LUNA	ANGELES UNIVER	SITY FOUNDATION
4	GUTIERREZ	REMYLYN MARYNELA	PALLASIGUE	UNIVERSITY OF S	ANTO TOMAS
5	GUTIERREZ	SHIELA MAE	MAKABALI	VIRGEN MILAGRO	SA UNIVERSITY FOUNDATION
6	HIZON	DANIEL LUIS	CORPUS	OUR LADY OF FA	TIMA UNIVERSITY-VALENZUELA
7	JAIME	MARK ANTHONY	MARQUEZ	ANGELES UNIVER	SITY FOUNDATION
8	JORQUIA	SEAN LESTER	ESTACIO	ANGELES UNIVER	SITY FOUNDATION
9	LEE	ALLEN PETER	BENITO	VIRGEN MILAGRO	SA UNIVERSITY FOUNDATION
10	LEGASPI	CHRISTINE JOY	LINGAD	ANGELES UNIVER	SITY FOUNDATION
11	LIBUNAO	SOFIA	DIANCIN	FAR EASTERN UN MEDICAL FOUND	IIVERSITY-NICANOR REYES ATION
12	LIMPIN	BRYAN	LIMETA	LA CONSOLACION UNIVERSITY OF R	N UNIVERSITY PHILIPPINES(FOR EGINA CARMELI)
13	LIÑAN	DIEGO VITTORIO MIGUEL VI	PASION	OUR LADY OF FA	TIMA UNIVERSITY-VALENZUELA
14	LUGUE	THOMAS JOSEPH	MANALOTO	FATIMA MEDICAL VALENZUELA	SCIENCE FOUNDATION, INC
15	LUMBA	SAMUEL	DINGLASA	OUR LADY OF FA	TIMA UNIVERSITY-VALENZUELA

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Examinee shall prepare duly accomplished three-paged Informed Consent (ANNEX A) and three paged Health Declaration (ANNEX B) forms with the Notice of Admission and their:

Photocopy of complete vaccination card (original to be presented);

OR

 Original copy of the 10-day quarantine certificate signed by a registered physician/barangay chairperson/municipal or rural health officer (end date of quarantine must be 2 -3 days before the examination)

OR

• Original hard copy of antigen test results with certificate, taken 48 hours/2 days before the examination;

OR

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Build	ling : ST. JOSEPH HALL		Floo	r : 1ST	Room/Grp No. : J102
Seat No.	Last Name	First Name	Middle Name	School Attended	
1	MAGNO	GILBERT	PARUNGAO	VIRGEN MILAGROSA	UNIVERSITY FOUNDATION
2	MALLARI	JACQUELINE	BONIFACIO	UNIVERSITY OF SAN	TO TOMAS
3	MALLARI	ROLANDO	CRUZ	ANGELES UNIVERSIT	Y FOUNDATION
4	MALLARI	SHEILA MARIE	AQUINO	ANGELES UNIVERSIT	Y FOUNDATION
5	MALLARI	TRISHIA ANN	GUEVARRA	OUR LADY OF FATIM	A UNIVERSITY-VALENZUELA
6	MAMANGUN	JANITA MARIE	BALTAZAR	UNIVERSITY OF SAN	TO TOMAS
7	MANALANG	JUNELA	SAMBO	UNIVERSITY OF SAN	TO TOMAS
8	MANALASTAS	GILVERT GEM	MANAOG	ANGELES UNIVERSIT	Y FOUNDATION
9	MANALILI	ROMA JOSEFINA	GATMAITAN	ANGELES UNIVERSIT	Y FOUNDATION
10	MANDAP	PAULA BIANCA	DE LIMA	ANGELES UNIVERSIT	Y FOUNDATION
11	MANGAHAS	JENNIFER	DELOS SANTOS	OUR LADY OF FATIM	A UNIVERSITY-VALENZUELA
12	MENDOZA	RAZELLE	ITOSES	OUR LADY OF FATIM	A UNIVERSITY-VALENZUELA

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Examinee shall prepare duly accomplished three-paged Informed Consent (ANNEX A) and three paged Health Declaration (ANNEX B) forms with the Notice of Admission and their:

• Photocopy of complete vaccination card (original to be presented);

OR

• Original copy of the 10-day quarantine certificate signed by a registered physician/barangay chairperson/municipal or rural health officer (end date of quarantine must be 2 -3 days before the examination)

OR

• Original hard copy of antigen test results with certificate, taken 48 hours/2 days before the examination;

OR

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Address : ST. DOMINIC CORINTHIAN SUBD., BRGY DOLORES, CITY OF SAN FERNANDO, PAMPANGA

Build	ling : ST. JOSEPH HALL		Floc	or:1ST	Room/Grp No. : J103
Seat	Last Name	First Name	Middle Name	School Attended	
No.					
1	MERCADO	CHARTON	SANGALANG	ANGELES UNIVERSIT	TY FOUNDATION
2	MERCADO	CRISTIENNE MARIELLE	GUANLAO	VIRGEN MILAGROSA	UNIVERSITY FOUNDATION
3	MIGUEL	MILLAN TROY	DIMAL	ANGELES UNIVERSIT	TY FOUNDATION
4	MOLERO	AHRLETH	PICA	UNIVERSITY OF PER LAGUNA	PETUAL HELP SYSTEM-
5	MONTERO	KRISTINA HENRIETTA	VIOLETA	UNIVERSITY OF THE MEM MEDICAL CTR	EAST RAMON MAGSAYSAY
6	NATIVIDAD	COLLEEN	MARQUINEZ	GULLAS COLLEGE O	F MEDICINE
7	NEPOMUCENO	ELAINE	AFABLE	UNIVERSITY OF PER LAGUNA	PETUAL HELP SYSTEM-
8	OCTAVIANO	KRISTINE MONICAH	SY	ANGELES UNIVERSIT	TY FOUNDATION
9	OLALIA	MELODY	NICDAO	ANGELES UNIVERSIT	TY FOUNDATION
10	PAPIO	JASMINE IRISH	PENULIAR	OUR LADY OF FATIM	A UNIVERSITY-VALENZUELA
11	PAYUMO	RODA	BAUTISTA	FAR EASTERN UNIVE	ERSITY-NICANOR REYES ON
12	PILAO	CARISSA ANGELA	HENSON	OUR LADY OF FATIM	A UNIVERSITY-VALENZUELA

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Examinee shall prepare duly accomplished three-paged Informed Consent (ANNEX A) and three paged Health Declaration (ANNEX B) forms with the Notice of Admission and their:

Photocopy of complete vaccination card (original to be presented);

OR

 Original copy of the 10-day quarantine certificate signed by a registered physician/barangay chairperson/municipal or rural health officer (end date of quarantine must be 2 -3 days before the examination)

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Building : ST. MARY'S HALL			Floor: 2ND	Room/Grp No. : M202	
Seat	Last Name	First Name	Middle Name	School Atte	nded
No.					
1	PONCE	PATRICIA NICOLE	SAN AGUSTIN	UNIVERSITY C	OF SANTO TOMAS
2	QUIROS	KAMILLE LOISE	INFANTE	ANGELES UNI	VERSITY FOUNDATION
3	RAMOS	JOHN JASPHER	GUTIERREZ	ANGELES UNI	VERSITY FOUNDATION
4	RAYMUNDO	CHERRY ROSE	MAGPAYO		CION UNIVERSITY PHILIPPINES(FOR OF REGINA CARMELI)
5	REYES	ANDREA LOUISE	SONGCO	UNIVERSITY C	F THE PHILIPPINES-MANILA
6	REYES	JANN CARLO	SIMBULAN	ANGELES UNI	VERSITY FOUNDATION
7	REYES	MARIA ISABELLA GERALDINE	PEKSON	ANGELES UNI	VERSITY FOUNDATION
8	REYES	MICHELLE NHAT LY	TRAN	FAR EASTERN MEDICAL FOU	I UNIVERSITY-NICANOR REYES NDATION
9	ROQUE	JESSICA MAE	DIZON	ANGELES UNI	VERSITY FOUNDATION
10	ROSARIO	JOANNA RAIZA	MANIO	CENTRO ESCO	DLAR UNIVERSITY-MANILA
11	SAGUM	IRA MARELLA	MANANGU	ANGELES UNI	VERSITY FOUNDATION
12	SALVADOR	SAMANTHA SHAIRA	DE DIOS	OUR LADY OF	FATIMA UNIVERSITY-VALENZUELA
13	SANCHEZ	LEARENZEE SNOW	PAULE	MEDICINE -WI	DICAL CENTER COLLEGE OF LLIAM H. QUASHA C.(FOR SAINT LUKE'S COLLEGE OF
14	SANTOS	MARICRIS	CUEVAS	VIRGEN MILAC	GROSA UNIVERSITY FOUNDATION
15	SANTOS	RHOZVIENLEY	PARAS	OUR LADY OF	FATIMA UNIVERSITY-VALENZUELA
16	SARMIENTO	TRISHA	TAN	UNIVERSITY C MEM MEDICAL	OF THE EAST RAMON MAGSAYSAY
17	SEVILLA	CHRISTIAN	GARDUCE	ANGELES UNI	VERSITY FOUNDATION
18	SILVA	KATHLEEN CARLA	LAMILA	OUR LADY OF	FATIMA UNIVERSITY-VALENZUELA

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Examinee shall prepare duly accomplished three-paged Informed Consent (ANNEX A) and three paged Health Declaration (ANNEX B) forms with the Notice of Admission and their:

Photocopy of complete vaccination card (original to be presented);

OR

 Original copy of the 10-day quarantine certificate signed by a registered physician/barangay chairperson/municipal or rural health officer (end date of quarantine must be 2 -3 days before the examination)

OR

• Original hard copy of antigen test results with certificate, taken 48 hours/2 days before the examination;

OR

• Original hard copy of negative RT-PCR test results (taken 3-5 days before the exam)



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Build	ling : ST. MARY'S HALL		Floor: 2ND	Room/Grp No. : M203	
Seat	Last Name	First Name	Middle Name	School Attende	ed
<u>No.</u>					
1	SISON	JANELLE ALEXANDRA	DE LEON	ANGELES UNIVER	SITY FOUNDATION
2	SUAREZ	GENEVIEVE	ALMA	OUR LADY OF FAT	IMA UNIVERSITY-VALENZUELA
3	TAPNIO	ARIANE CHARMAINE	PINEDA	ANGELES UNIVER	SITY FOUNDATION
4	TAYAG	KIMBERLY	ONG	ANGELES UNIVER	SITY FOUNDATION
5	TEJADA	MARIA CORAZON	MATEO	OUR LADY OF FAT	IMA UNIVERSITY-VALENZUELA
6	TIMBOL	JOAN PAULYNN	PEREZ	ANGELES UNIVER	SITY FOUNDATION
7	TIU	NICO EULOGIO	PARUNGAO	ANGELES UNIVER	SITY FOUNDATION
8	TOLENTINO CRUZ	VANESSA JESUSA	VILLANUEVA	OUR LADY OF FAT	IMA UNIVERSITY-VALENZUELA
9	TOLENTINO	RHODELYN	MANANSALA	UNIVERSITY OF SA	ANTO TOMAS
10	TRINIDAD	MARIA ATHENA	ASUNCION	OUR LADY OF FAT	IMA UNIVERSITY-VALENZUELA
11	TUAZON	RENEE CLAUDIA	PACIA	UNIVERSITY OF SA	ANTO TOMAS
12	TUPE	PATRICIA RAEYWEN	BONDOC	ANGELES UNIVER	SITY FOUNDATION
13	VALDEZ	SHIELA MAE	ABALOS	ANGELES UNIVER	SITY FOUNDATION
14	VIERNES	WILLIAN JED	SANTOS	OUR LADY OF FAT	IMA UNIVERSITY-VALENZUELA
15	VITUG	PHIL JOED VANCE	MONDRAGON	MANILA CENTRAL	UNIVERSITY-CALOOCAN CITY
16	YAONA	YELENA DONALLI	CABITE		ICAL & HEALTH SCIENCES E LA SALLE UDASMARINAS PUS)
17	YUZON	ROSARIANE ERICA	CENSON	OUR LADY OF FAT	IMA UNIVERSITY-VALENZUELA
18	ZAMORA	KAREN MARIE	DAVID	OUR LADY OF FAT	IMA UNIVERSITY-VALENZUELA

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Examinee shall prepare duly accomplished three-paged Informed Consent (ANNEX A) and three paged Health Declaration (ANNEX B) forms with the Notice of Admission and their:

• Photocopy of complete vaccination card (original to be presented);

OR

 Original copy of the 10-day quarantine certificate signed by a registered physician/barangay chairperson/municipal or rural health officer (end date of quarantine must be 2 -3 days before the examination)

OR

• Original hard copy of antigen test results with certificate, taken 48 hours/2 days before the examination;

OR

• Original hard copy of negative RT-PCR test results (taken 3-5 days before the exam)