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| **GENERAL INFORMATION** | | | | | | | | |
| **Date** | | | | | | **[Type DATE here]** | | |
| **School Name (no abbreviation please)** | | | | | | **[Type SCHOOL NAME here]** | | |
| **Street** | | | | | | **[Type STREET here]** | | |
| **Municipality** | | | | | | **[Type MUNICIPALITY/TOWN here]** | | |
| **Province/City** | | | | | | **[Type PROVINCE/CITY here]** | | |
| **Region** | | | | | | **[Type REGION here]** | | |
| **Postal or Zip Code** | | | | | | **[Type ZIP CODE here]** | | |
| **School Telephone No. (include Area Code)** | | | | | | **[Type TELEPHONE NO. here]** | | |
| **School Fax No. (include Area Code)** | | | | | | **[Type FAX NO. here]** | | |
| **School E-mail Address** | | | | | | **[Type E-MAIL here]** | | |
| **Mobile Number** | | | | | | **[Type MOBILE NUMBER here]** | | |
|  | | | | | | | | |
| Request Details: ( Please use additional page/s if necessary) | | | | | | | | |
| **NAME OF LICENSURE EXAMINATION/S** | | | | **DATE OF EXAMINATION/S (Month and Year)** | | | **REQUESTED DOCUMENTS** | |
| **Certification of School Performance with the National Passing Rate** | **List of Examinees with Ratings and Remarks** |
| **1.** | **Type here** | | | **Type here** | | | **No. of Copies** | **No. of Copies** |
| **2.** |  | | |  | | |  |  |
| **3.** |  | | |  | | |  |  |
| **4.** |  | | |  | | |  |  |
| **5.** |  | | |  | | |  |  |
| This is to **CERTIFY** that the undersigned requesting party is duly authorized by the school, college or university represented, and is aware that the Performance of Schools and/or Listing of Examinees is/are intended for the use of the said institution for analysis, interpretation and evaluation purposes pursuant to PRC Resolution No. 2003 – 143, S. 2003.  The undersigned further certifies that all information herein stated are true and correct.  **Type DATE here** | | | |  | | |  |  |
|  | | | |  | | |  |  |
|  | |  | | |  | |  |  |
| **Date Accomplished** | | |  | | | |  |  |

**Requesting Party:**

**AUTHORIZATION (if applicable)**

**Signature over Printed Name**

I hereby authorize the bearer, Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, duly issued by the institution to transact business in PRC in behalf of our school.

**Designation**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Accomplished Signature over Printed Name**

**Date Accomplished**