

**SCHOLARSHIPS FOR GRADUATE STUDIES - LOCAL
DEGREE COMPLETION REPORT**

SCHOLAR NAME: Charlie S. Andan UNID: 2017a-08059147
 SHEI NAME: VISAYAS STATE UNIVERSITY
 DHEI NAME: UNIVERSITY OF THE PHILIPPINES - DILIMAN
 PROGRAM: VISAYAS STATE UNIVERSITY

TOTAL DURATION OF STUDY: 4 Regular Terms 1 Special / Non-Regular Terms

	Academic Year	Term
Start	<input type="checkbox"/> AY 2016-2017 <input checked="" type="checkbox"/> AY 2017-2018	<input checked="" type="checkbox"/> Term 1 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 4
End	<input type="checkbox"/> AY 2016-2017 <input type="checkbox"/> AY 2019-2020 <input type="checkbox"/> AY 2017-2018 <input checked="" type="checkbox"/> AY 2020-2021 <input type="checkbox"/> AY 2018-2019 <input type="checkbox"/> AY 2021-2022	<input checked="" type="checkbox"/> Term 1 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 4

This is to certify that:

- ☐ I finished according to the duration of my original study plan.
- ☐ I finished at least one (1) regular term ahead of my original study plan.
- ☒ I finished beyond the duration of the original study plan.

This is to further certify that:

- ☒ I did not retake or fail any subject for the duration of my scholarship.
- ☐ I failed and/or retook the following subjects:

Subject	Academic Year and Term of 1st Take	Academic Year and Term of 2nd Take

Further, the scholar shouldered the failed subject by:

- ☐ Paying the fees directly to the DHEI
- ☐ Deduction of the tuition fees from his/her living allowances

I certify that the information indicated in this form are valid, authentic, true and correct based on my own personal knowledge and based on documents in my possession. I further certify that my actions are in line with the terms and conditions of my scholarship grant. I understand that the Commission reserves the right to pursue action, if any of the information above is found to be erroneous, or if I am found to be in violation of the terms and conditions of my scholarship grant.

CHARLIE S. ANDAN
 NAME AND SIGNATURE OF THE SCHOLAR

Date Signed: April 25, 2022

I certify that the information indicated in this form are valid, authentic, true and correct based on my own personal knowledge and based on the documents presented to me, as a duly designated representative of the Sending Higher Education Institution (SHEI) of the scholar.

EDGARDO E. TULIN, Ph.D.
 NAME AND SIGNATURE OF THE AUTHORIZED SHEI
 REPRESENTATIVE

Date Signed: _____