

## SCHOLARSHIP CLEARANCE CERTIFICATION (DHEI)

SCHOLAR NAME: RAMELTO C. POTILLOS UNID: 20169-800509  
 SHEI NAME: BILIRAN PROVINCE STATE UNIVERSITY - Biliran Campus  
 DHEI NAME: VISAYAS STATE UNIVERSITY - MAIN CAMPUS  
 PROGRAM: KID 12 SCHOLARSHIP PROGRAM

TOTAL DURATION OF STUDY: 2 Regular Terms \_\_\_\_\_ Special / Non-Regular Terms

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

This is to certify that:

- ☒ The scholar finished according to the duration of his/her original study plan.  
☐ The scholar finished at least one (1) regular term ahead of his/her original study plan.  
☐ The scholar finished beyond the duration of the original study plan.

This is to further certify that:


- ☐ The scholar did not retake or fail any subject for the duration of his/her scholarship.  
☐ The scholar failed and/or retook the following subjects:

Subject	Term of 1st Take	Term of 2nd Take


Further, the scholar shouldered the 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.

RAMELTO C. POTILLOS  Date Signed: MARCH 28, 2021  
 NAME AND SIGNATURE OF THE SCHOLAR

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 Delivering Higher Education Institution (DHEI) of the scholar.

EDGARDO E. TULIN, Ph.D  Date Signed: \_\_\_\_\_  
 NAME AND SIGNATURE OF THE AUTHORIZED DHEI REPRESENTATIVE