

## PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	DUMAGUING		
FIRST NAME	MARIE NIÑA	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	PRADO		
3. DATE OF BIRTH (mm/dd/yyyy)	7/2/1987	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	TERESA, RIZAL	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A    SITIO HINUBIGON House/Block/Lot No    Street N/A    SAN ISIDRO Subdivision/Village    Barangay BAYBAY    LEYTE City/Municipality    Province
7. HEIGHT (m)	1.58 m	ZIP CODE	6521
8. WEIGHT (kg)	68kg	18. PERMANENT ADDRESS	N/A    SITIO HINUBIGON House/Block/Lot No    Street N/A    SAN ISIDRO Subdivision/Village    Barangay BAYBAY    LEYTE City/Municipality    Province
9. BLOOD TYPE	B+	ZIP CODE	6521
10. GSIS ID NO	2005690528	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO	121231783813	20. MOBILE NO.	09233747251
12. PHILHEALTH NO	130251242683	21. E-MAIL ADDRESS (if any)	mcabrieleber123@gmail.com
13. SSS NO	N/A		
14. TIN NO	730908460000		
15. AGENCY EMPLOYEE NO	N/A		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DUMAGUING		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARK	NAME EXTENSION (JR., SR)	MCALENEIL P. DUMAGUING	8/4/2007
MIDDLE NAME	MANIGO		MCABRIELLE P. DUMAGUING	04/21/2012
OCCUPATION	NURSE		MCAEMBER P. DUMAGUING	12/11/2016
EMPLOYER/BUSINESS NAME	LOCAL GOVERNMENT UNIT		MCANUARIE P. DUMAGUING	01/13/2022
BUSINESS ADDRESS	R.MAGSAYSAY AVENUE BAYBAY CITY			
TELEPHONE NO	N/A			
24. FATHER'S SURNAME	PRADO			
FIRST NAME	CORNELIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DANIELES			
25. MOTHER'S MAIDEN NAME	LOPEZ			
FIRST NAME	EMIRA			
MIDDLE NAME	BAUTISTA			

(Continue on separate sheet if necessary)

## III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	PRIMARY	1996	2000	N/A	2000	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	2000	2004	N/A	2004	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	CEBU DOCTORS' UNIVERSITY	BACHELOR OF SCIENCE IN NURSING	2004	2011	N/A	2011	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	<i>Ninafact</i>	DATE	3-20-2023
-----------	-----------------	------	-----------



27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	PHILIPPINE NURSES LICENSURE EXAMINATION RA 1080	79.60%	JUNE 3-4, 2018	UNIVERSITY OF CEBU-MAIN CAMPUS	0907682	7/2/2024
	NON-PROFESSIONAL DRIVER'S LICENSE	N/A	4/11/2015	BAYBAY CITY	H12-002918	7/2/2023

**V. WORK EXPERIENCE**  
 (Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet

(Continue on separate sheet if necessary)				
SIGNATURE	<i>M. Malachuk</i>	DATE	3-20-2023	NOTED

<b>SIGNATURE</b>	<i>M. Malachuk</i>	<b>DATE</b>	3-20-2023
------------------	--------------------	-------------	-----------

3-20-2023



[illegible]

#### VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

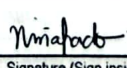

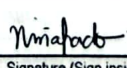

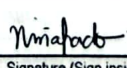

[illegible]

## VIII. OTHER INFORMATION

31	SPECIAL SKILLS and HOBBIES	32	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	MS OFFICE APPLICATION		N/A		PHILIPPINE NURSES' ASSOCIATION
	MS EXCEL				
	MS WORD				
	INTERNET NAVIGATION				
	SOCIAL MEDIA AND EMAIL SYSTEM				

SIGNATURE	<i>Nirafade</i>	DATE	3-20-2023
-----------	-----------------	------	-----------



<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: center;">END OF TERM</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>SUZETTE B. ARCILLAS RN</td> <td>PALO LEYTE</td> <td>9061774049</td> </tr> <tr> <td>JEROME B. PROFETANA</td> <td>BAYBAY LEYTE</td> <td>9778121008</td> </tr> <tr> <td>ANN RHEA A. CELAYA</td> <td>BAYBAY LEYTE</td> <td>9700359601</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	SUZETTE B. ARCILLAS RN	PALO LEYTE	9061774049	JEROME B. PROFETANA	BAYBAY LEYTE	9778121008	ANN RHEA A. CELAYA	BAYBAY LEYTE	9700359601
NAME	ADDRESS	TEL. NO.											
SUZETTE B. ARCILLAS RN	PALO LEYTE	9061774049											
JEROME B. PROFETANA	BAYBAY LEYTE	9778121008											
ANN RHEA A. CELAYA	BAYBAY LEYTE	9700359601											
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID</td> <td>PRC</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>0907682</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>07/11/2018 TACLOBAN LEYTE</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID	PRC	ID/License/Passport No.:	0907682	Date/Place of Issuance:	07/11/2018 TACLOBAN LEYTE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">             Signature (Sign inside the box)            3-10-2023            Date Accomplished         </td> <td style="text-align: center;">             Right Thumbmark         </td> </tr> </table>	 Signature (Sign inside the box) 3-10-2023 Date Accomplished	 Right Thumbmark
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)													
PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID	PRC												
ID/License/Passport No.:	0907682												
Date/Place of Issuance:	07/11/2018 TACLOBAN LEYTE												
 Signature (Sign inside the box) 3-10-2023 Date Accomplished	 Right Thumbmark												
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto; text-align: center;"> <p>Person Administering Oath</p> </div>													



# CEBU DOCTORS' UNIVERSITY

## OFFICE OF THE REGISTRAR

1 Dr. P. V. Larrazabal Jr. Avenue, North Reclamation

6014 Mandaue City, Cebu, Philippines

Telephone No.: +63 (32) 238-8333 Local 184 Telefax No. +63 (32) 238 8764

Email: registrar@cebudoctorsuniversity.edu Web: www.cebudoctorsuniversity.edu

FORM IX

No. : 194943

College of Nursing

PAASCU Accredited

## OFFICIAL TRANSCRIPT OF RECORDS

NAME OF STUDENT : PRADO, MARIE NIÑA LOPEZ				
COURSE NO.	DESCRIPTIVE TITLE	RATING	RE-EX	CREDITS
N 105	ENHANCEMENT SKILLS	2.2		4
N 16	LOGOTHERAPY	2.5		1
N 17	SIGN LANGUAGE	1.5		1

\*\*\*\*\* TRANSCRIPT CLOSED \*\*\*\*\*

GRADUATED WITH THE DEGREE OF BACHELOR OF SCIENCE IN NURSING (BSN) ON APRIL 10, 2011. PURSUANT TO THE COMMISSION EN BANC (CEB) RESOLUTION ISSUED ON MAY 28, 2010 BY CHAIRMAN EMMANUEL Y. ANGELES OF THE COMMISSION ON HIGHER EDUCATION (CHED), GRANTING CEBU DOCTORS' UNIVERSITY, MANDAUE CITY. THE AUTONOMOUS STATUS FROM MAY 27, 2010 TO MAY 26, 2013 THUS EXEMPTING CEBU DOCTORS' UNIVERSITY FROM ISSUANCE OF SPECIAL ORDER DURING THE SAID PERIOD.

e-DST/CDU-OR#1101367-06/27/2018

### REMARKS : ISSUED FOR EMPLOYMENT PURPOSES ONLY.

GRADING SYSTEM 1.0 (95-100%) Excellent, 1.1 (94%), 1.2 (93%), 1.3 (92%), 1.4 (91%), 1.5 (90%) Very Good, 1.6 (89%), 1.7 (88%), 1.8 (87%), 1.9 (86%), 2.0 (85%), 2.1 (84%), 2.2 (83%), 2.3 (82%), 2.4 (81%), 2.5 (80%), 2.6 (79%), 2.7 (78%), 2.8 (77%), 2.9 (76%), 3.0 (75%) Fair/Passed, 5.0 (Below 75%) Failed, DR-Dropped, INC-Incomplete, W-Withdrawn, NC-No Credit, NG-No Grade

NOT VALID  
WITHOUT CDU SEAL

Prepared by : GEMMALYN S. BADAYOS

Checked by :

Date : July 03, 2018

ATTY. ROEL S. HORTELANO  
University Registrar

ROMMEL P. MERIOLES, MAN  
Dean, College of Nursing





# CEBU DOCTORS' UNIVERSITY

## OFFICE OF THE REGISTRAR

1 Dr. P. V. Larrazabal Jr. Avenue, North Reclamation

6014 Mandaue City, Cebu, Philippines

Telephone No.: +63 (32) 238-8333 Local 184 Telefax No. +63 (32) 238 8764

Email: registrar@cebudoctorsuniversity.edu Web: www.cebudoctorsuniversity.edu

FORM IX

No. : 194942

College of Nursing

PAASCU Accredited

## OFFICIAL TRANSCRIPT OF RECORDS

NAME OF STUDENT : PRADO, MARIE NIÑA LOPEZ				
COURSE NO.	DESCRIPTIVE TITLE	RATING	RE-EX	CREDITS
<b><u>SECOND SEMESTER, 2005-2006</u></b>				
COMPU 11	FUNDAMENTAL SKILLS AND WORD PROCESSING	1.0		3
ENGL 15	PHILIPPINE LITERATURE IN ENGLISH	2.6		3
N 101	PROMOTIVE & PREVENTIVE NURSING CARE MANAGEMENT	2.9		8
N 101-A	RELATED LEARNING EXPERIENCE	2.5		8
N 12	CHRISTIAN LIVING I	2.8		1
PE 14	RECREATIONAL ACTIVITIES	1.4		2
STS 11	SCIENCE, TECHNOLOGY AND SOCIETY	2.1		3
<b><u>FIRST SEMESTER, 2006-2007</u></b>				
HIST 13	ASIAN CIVILIZATION	1.5		3
N 102	CURATIVE & REHABILITATIVE NURSING CARE MGMT I	5.0		0
N 102-A	RELATED LEARNING EXPERIENCE	5.0		0
N 13	STRATEGIES OF HEALTH EDUC. W/ GUIDANCE & COUNSELING	2.7		3
N 14	CHRISTIAN LIVING II	2.1		1
N 15	PHARMACOLOGY	3.0		3
POLSC 13	POLITICS AND GOVERNANCE WITH PHILIPPINE CONSTITUTION	2.1		3
<b><u>SECOND SEMESTER, 2006-2007</u></b>				
ENGL 17	WORLD LITERATURE	1.1		3
FL 11	CONVERSATIONAL SPANISH	2.4		3
HIST 12	LIFE AND WORKS OF RIZAL	2.3		3
SPCH 11	ORAL AND AURAL COMMUNICATION	1.8		3
<b><u>FIRST SEMESTER, 2009-2010</u></b>				
N 102	CURATIVE & REHABILITATIVE NURSING CARE MGMT I	2.4		8
N 102-A	RELATED LEARNING EXPERIENCE	1.9		8
<b><u>SECOND SEMESTER, 2009-2010</u></b>				
N 103	CURATIVE & REHABILITATIVE NURSING CARE MANAGEMENT II	2.4		8
N 103-A	RELATED LEARNING EXPERIENCE	2.1		8
<b><u>FIRST SEMESTER, 2010-2011</u></b>				
N 104	NURSING MANAGEMENT AND LEADERSHIP	3.0		8
N 104-A	RELATED LEARNING EXPERIENCE	1.9		8
RESEARCH 11	ELEMENTS OF RESEARCH	2.6		3
<b><u>SECOND SEMESTER, 2010-2011</u></b>				

REMARKS : more entries on page 3.

GRADING SYSTEM 1.0 (95-100%) Excellent, 1.1 (94%), 1.2 (93%), 1.3 (92%), 1.4 (91%), 1.5 (90%) Very Good, 1.6 (89%), 1.7 (88%), 1.8 (87%), 1.9 (86%), 2.0 (85%), 2.1 (84%), 2.2 (83%), 2.3 (82%), 2.4 (81%), 2.5 (80%), 2.6 (79%), 2.7 (78%), 2.8 (77%), 2.9 (76%), 3.0 (75%) Fair/Passed, 5.0 (Below 75%) Failed, DR-Dropped, INC-Incomplete, W-Withdrawn, NC-No Credit, NG-No Grade

NOT VALID  
WITHOUT CDU SEAL

Prepared by : GEMMALYN S. BADAYOS

Checked by :

Date : July 03, 2018

ATTY. ROEL S. HORTELANO  
University Registrar

ROMMEL P. MERIOLES, MAN  
Dean, College of Nursing



# CEBU DOCTORS' UNIVERSITY

## OFFICE OF THE REGISTRAR

1 Dr. P. V. Larrazabal Jr. Avenue, North Reclamation

6014 Mandaue City, Cebu, Philippines

Telephone No.: +63 (32) 238-8333 Local 184 Telefax No. +63 (32) 238 8764

Email: registrar@cebudoctorsuniversity.edu Web: www.cebudoctorsuniversity.edu

FORM IX

No. : 194941

College of Nursing  
PAASCU Accredited

## OFFICIAL TRANSCRIPT OF RECORDS

NAME OF STUDENT : PRADO, MARIE NIÑA LOPEZ				
COURSE NO.	DESCRIPTIVE TITLE	RATING	RE-EX	CREDITS
<b>CEBU DOCTORS' UNIVERSITY</b>				
<b><u>FIRST SEMESTER, 2004-2005</u></b>				
<b>BACHELOR OF SCIENCE IN NURSING</b>				
CHEM 11	GENERAL AND INORGANIC CHEMISTRY	2.9		5
ENGL 11	GRAMMAR AND COMPOSITION I	2.1		3
FIL 11	SINING NG PAKIKIPAGTALASTASAN	1.9		3
MATH 11	COLLEGE ALGEBRA	2.7		3
NSTP-CWTS 1	NATIONAL SERVICE TRAINING PROGRAM-CIVIC WELFARE TRAINING SERVICE	2.4		3
PE 11	PHYSICAL FITNESS AND SELF-TESTING ACTIVITIES	1.0		2
PHILO 11	LOGIC	1.8		3
PSYCH 11	GENERAL PSYCHOLOGY	2.8		3
ZOO 11	GENERAL ZOOLOGY	3.0		5
<b><u>SECOND SEMESTER, 2004-2005</u></b>				
ENGL 12	GRAMMAR AND COMPOSITION II	1.6		3
FIL 12	PAGBABASA AT PAGSUSULAT	1.7		3
HA 11	HUMAN ANATOMY AND PHYSIOLOGY	3.0		5
HC 11	HEALTH CARE I WITH RELATED LEARNING EXPERIENCE	3.0		7
N 10	NUTRITION	2.5		3
NSTP-CWTS 2	NATIONAL SERVICE TRAINING PROGRAM-CIVIC WELFARE TRAINING SERVICE	2.1		3
PE 12	RHYTHMIC ACTIVITIES AND DANCING	1.2		2
PHILO 13	HEALTH ETHICS	3.0		3
<b><u>SUMMER, 2005</u></b>				
CHEM 16	ORGANIC CHEMISTRY AND BIOCHEMISTRY	1.9		5
PHILO 12	PHILOSOPHY OF MAN	1.9		3
<b><u>FIRST SEMESTER, 2005-2006</u></b>				
ANTHRO 11	PHILIPPINE SOCIETY AND CULTURE WITH FAMILY PLANNING	1.7		3
ECON 11	HEALTH ECONOMICS WITH TAXATION AND LAND REFORM	1.5		3
HC 12	HEALTH CARE II WITH RELATED LEARNING EXPERIENCE	3.0		5
HIST 11	PHILIPPINE HISTORY	2.9		3
MATH 14	BASIC STATISTICS	2.3		3
N 100	FOUNDATION OF NURSING	3.0		3
N 11	MICROBIOLOGY AND PARASITOLOGY	1.7		4
PE 13	GAMES AND SPORTS	1.0		2
PHYS 11N	PHYSICS	2.5		3

### REMARKS : more entries on page 2.

GRADING  
SYSTEM

1.0 (95-100%) Excellent, 1.1 (94%), 1.2 (93%), 1.3 (92%), 1.4 (91%), 1.5 (90%) Very Good, 1.6 (89%), 1.7 (88%), 1.8 (87%), 1.9 (86%), 2.0 (85%), 2.1 (84%), 2.2 (83%), 2.3 (82%), 2.4 (81%), 2.5 (80%), 2.6 (79%), 2.7 (78%), 2.8 (77%), 2.9 (76%), 3.0 (75%) Fair/Passed, 5.0 (Below 75%) Failed, DR-Dropped, INC-Incomplete, W-Withdrawn, NC-No Credit, NG-No Grade

NOT VALID  
WITHOUT CDU SEAL

Prepared by : GEMMALYN S. BADAYOS

Checked by :

Date : July 03, 2018

ATTY. ROEL S. HORTELANO  
University Registrar

ROMMEL P. MERIOLES, MAN  
Dean, College of Nursing





# CEBU DOCTORS' UNIVERSITY

## OFFICE OF THE REGISTRAR

1 Dr. P. V. Larrazabal Jr. Avenue, North Reclamation

6014 Mandaue City, Cebu, Philippines

Telephone No.: +63 (32) 238-8333 Local 184 Telefax No. +63 (32) 238 8764

Email: registrar@cebudoctorsuniversity.edu Web: www.cebudoctorsuniversity.edu

FORM IX  
No. : 194940

## OFFICIAL TRANSCRIPT OF RECORDS

### PERSONAL INFORMATION :

NAME OF STUDENT : PRADO, MARIE NIÑA LOPEZ  
 SCHOOL ID NUMBER : 20403587  
 DATE OF BIRTH : July 02, 1987  
 SEX : FEMALE  
 CIVIL STATUS : SINGLE  
 NATIONALITY : FILIPINO  
 RELIGION : ROMAN CATHOLIC  
 CEBU CITY ADDRESS :



PARENT/GUARDIAN : MARK M. DUMAGUING  
 HOME ADDRESS : ZONE 1, NAGA, BAYBAY LEYTE PROVINCE

TELEPHONE NO. :  
 EMAIL ADDRESS : mcabrieleber123@gmail.com  
 ENTRANCE DATA : Form 137-A  
 NAME OF SCHOOL : FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION  
 IF ALIEN, ACR NO. :  
 PASSPORT NO. :  
 EXPIRATION DATE :

### PRELIMINARY EDUCATION

### YEAR OF COMPLETION

PRIMARY : FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION 1998  
 INTERMEDIATE : FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION 2000  
 SECONDARY : FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION 2004  
 COLLEGE :

### GRADING SYSTEM

GRADE/RATING	LETTER GRADE	EQUIVALENT	INDICATION/REMARK
1.0	A+	95 - 100%	EXCELLENT
1.1 - 1.2	A	93 - 94%	} VERY GOOD
1.3 - 1.4	A-	91 - 92%	
1.5	B+	90%	} GOOD
1.6 - 1.8	B	87 - 89%	
1.9 - 2.0	B-	85 - 86%	
2.1 - 2.2	C+	83 - 84%	
2.3 - 2.4	C	81 - 82%	} FAIR
2.5	C-	80%	
2.6 - 2.8	D+	77 - 79%	} PASSED
2.9	D	76%	
3.0	D-	75%	} FAILED
PASSED	P	PASSED	
5.0	F	BELOW 75%	} NO CREDIT
NC			
W			
DR			DROPPED

### SEMESTER HOURS CREDIT

One unit of academic credit represents one hour of lecture, seminar, or recitation per week or a total of 18 hours per semester. For courses with a laboratory component, one unit of academic credit represents two to three laboratory hours per week.

REMARKS : ISSUED FOR EMPLOYMENT PURPOSES ONLY.

NOT VALID  
WITHOUT CDU SEAL

Prepared by : GEMMALYN S. BADAYOS

Checked by :

Date : July 03, 2018

ATTY. ROEL S. HORTELANO  
University Registrar

ROMMEL P. MERIOLES, MAN  
Dean, College of Nursing