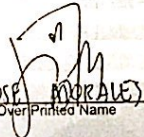


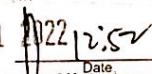




Basic Information	
Name of Applicant:	MORALES, IVY ROSE SARAUM
Date of Birth:	06/07/2001 (mm/dd/yyyy)
Sex:	FEMALE
Marital Status:	SINGLE
Nationality:	FILIPINO
Religion:	CHRISTIAN
Place of Birth:	SAN FERNANDO CEBU PHILIPPINES
Home Address:	NA NA PURK HILLSITE NA GREENHILLS SAN FERNANDO CEBU 6018
Telephone No:	
Mobile No:	(0995) 930-1492
Email Address:	moralessivy64@gmail.com
Name of Father:	
Name of Mother:	MORALES, GENARA SARAUM
Beneficiary(ies)	
Purpose of Application	
Purpose:	EMPLOYEE
Applicant's Certification	
 Signature Over Printed Name	Date 03/11/2022
 LEFT THUMB MARK	 RIGHT THUMB MARK
MEMBERS SERVICES SECTION TO BE FILLED OUT BY SSS	
EVALUATED BY:	
 Signature Over Printed Name	Date MAR 11 2022 12:52
	Time
	Branch

BARBARA B. BUSTILLO
 MEMBER SERVICES SECTION
 SSS - CEBU



Accenture Inc.
7th floor Robinsons Cybergate 1
Pioneer St., Mandaluyong City * 1554 Philippines
Tel: +63 2 8580 5888

December 18, 2023

This is to certify that **Ms. Ivy Rose Saraum Morales** was an employee of **Accenture, Inc.** She joined the company on April 05, 2021 to November 16, 2023 as **Level 13 - Customer Services Associate / Customer Service New Associate.**

This is to further certify that Ms. Morales has obtained all the necessary clearances and has been cleared from all accountabilities with the company.

This certification is being issued upon the request of Ms. Morales for whatever legal purpose it may serve.

Very truly yours,

**Human Resources
Accenture, Inc.**

THIS IS ELECTRONICALLY GENERATED. SIGNATURE NOT REQUIRED.

Disclaimer: Should you wish to verify the authenticity of the information stated above, please contact PDC.HR.EmpVer@accenture.com
Control No. 401223754323

Accenture Highly Confidential



BIR Form No.

2316

September 2021 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 921ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY)

2 For the Period From (MM/DD) To (MM/DD)

Part I - Employee Information

3 TIN

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code

6 Registered Address 6A ZIP Code

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	154,255.18
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	11,707.38
35 De Minimis Benefits	42,020.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	14,958.10
37 Salaries and Other forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	222,940.64

Part II - Employer Information (Present)

12 TIN

13 Employer's Name

14 Registered Address 14A ZIP Code

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	0.00
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	0.00
44A <input type="text"/>	0.00
44B <input type="text"/>	0.00

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

SUPPLEMENTARY

45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's fee	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	0.00
51 Others (specify)	0.00
51 A <input type="text"/>	0.00
51 B <input type="text"/>	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)

22 Add: Taxable Compensation Income from previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22)

24 Tax Due

25 Amount of Taxes Withheld

25A Present Employer

25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)

27 5% of Tax Credit (PERA Act of 2008)

28 Total Taxes Withheld (Sum of Items 26 and 27)

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

53 Sheryll T. Bautista
Present Employer/Authorized Agent Signature over Printed Name

CONFORME: 54
Employee Signature over Printed Name

CTC/Valid ID No. of Employee Place of Issue

Date Signed

Date Signed

Date Issued

Amount Paid, if CTC

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

55
Present Employer / Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

56
Employee Signature over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)					
Province <u>Cebu</u> City/Municipality <u>Cebu City</u>		Registration No. <u>2001 17223</u>		For OCRG USE ONLY: Population Reference No.	
CHILD	1. NAME <u>IVY ROSE SERRAUM MORALES</u>		2. SEX <u>1 Male</u> <input checked="" type="checkbox"/> <u>2 Female</u>		
	3. DATE OF BIRTH <u>7 Jun 2001</u> (day) <u>Jun</u> (month) <u>2001</u> (year)		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>WALTON HOSPITAL MEDICAL CENTER, CEBU CITY, CEBU</u>		41 <u>20117223</u>		
	5a. TYPE OF BIRTH <u>1 Single</u> <input checked="" type="checkbox"/> <u>2 Twin</u> <input type="checkbox"/> <u>3 Triplet, etc.</u> <input type="checkbox"/>		b. IF MULTIPLE BIRTH, CHILD WAS <u>1 First</u> <input type="checkbox"/> <u>2 Second</u> <input type="checkbox"/> <u>3 Others, Specify</u>		48 <u>1</u>
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>3RD</u>		d. WEIGHT AT BIRTH <u>3844</u> grams		49 <u>2</u>
MOTHER	6. MAIDEN NAME <u>GENARA SERRAUM MORALES</u>		7. CITIZENSHIP <u>PHILIPINO</u>		
	8. RELIGION <u>ROMAN CATHOLIC</u>		9a. Total number of children born alive: <u>0</u>		
	10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>32</u> years		50 <u>07062001</u>
	12. RESIDENCE <u>INAYAGAN, MINGLIANILLA, CEBU</u> (City/Municipality)		56 <u>22178</u>		
	13. NAME <u>UNKNOWN</u> (First) <u>UNKNOWN</u> (Middle) <u>UNKNOWN</u> (Last)		59 <u>1</u>		
FATHER	14. CITIZENSHIP <u>N.A.</u>		15. RELIGION <u>N.A.</u>		
	16. OCCUPATION <u>N.A.</u>		17. Age at the time of this birth: <u>N.A.</u> years		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A.</u>				
	19a. ATTENDANT <u>1 Physician</u> <input checked="" type="checkbox"/> <u>2 Nurse</u> <input type="checkbox"/> <u>3 Midwife</u> <input type="checkbox"/> <u>4 Hilot (Traditional Midwife)</u> <input type="checkbox"/> <u>5 Others (Specify)</u>				
	19b. CERTIFICATION OF BIRTH <u>8:18 A.M.</u> I hereby certify that I attended the birth of the child who was born alive at <u>8:18</u> o'clock <u>am/pm</u> on the date stated above. <u>VSMHC, CEBU CITY</u>				
Signature <u>ANTHONY LINTAG, M.D.</u> Name in Print <u>MEDICAL OFFICER III</u> Title or Position		Address <u>VSMHC, CEBU CITY</u> Date <u>June 7, 2001</u>			61 <u>0</u>
20. INFORMANT Signature <u>GENARA MORALES</u> Name in Print <u>MOTHER</u> Relationship to the child		Address <u>Inayagan, Minglianilla, Cebu</u> Date <u>June 7, 2001</u>			66 <u>7</u>
21. PREPARED BY Signature <u>MARITES LAO</u> Name in Print <u>NURSE I</u> Title or Position <u>Nurse I</u> Date <u>June 7, 2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>LOUELLA N. DEJITO</u> Name in Print <u>CIVIL REGISTRAR II</u> Title or Position <u>CIVIL REGISTRAR II</u> Date <u>June 7, 2001</u>			68 <u>000052</u>

07227-C8-400BBJ-00114-BI001
 BEST POSSIBLE IMAGE



BRen
 02217-B01M70G-3
 Documentary
 Stamp Tax Paid

CSM
 CLAIRE DENNIS S. MAPA, Ph. D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority



Republic of the Philippines
Province of Cebu
Municipality of San Fernando
BARANGAY GREENHILLS



(cell.no. 09154157686/09287693356 Email: brgygreenhillssfdo@gmail.com)

OFFICE OF THE PUNONG BARANGAY

BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that IVY ROSE S. MORALES a bonafide citizen of Barangay Greenhills, San Fernando, Cebu, Philippines; is known to me to be person of good moral character and law-abiding citizen in the community.

This certifies further, that the aforementioned name has no Derogatory and/or Criminal Record in our Barangay Files to date.

ISSUED this 29TH day of **APRIL, 2024** at Barangay Greenhills, San Fernando, Cebu upon request of the interested party for **EMPLOYMENT** purpose/s.

BARANGAY OFFICIALS

Hon. Rovin G. Borinaga
Punong Barangay

BARANGAY KAGAWAD

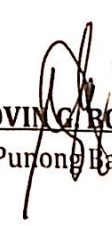
Hon. Paulino S. Genayas
Hon. Letnil E. Ochia
Hon. Rodel M. Traya
Hon. Glenn G. Bernabe
Hon. Rhoda V. Diolan
Hon. Girlie T. Navarro
Hon. Janeth G. Servano

Hon. Ivan Ray M. Dela Peña
SK Chairperson

Chalie A. Quisagan
Barangay Secretary

Marites T. Pataganao
Barangay Treasurer

Greenhills, San Fernando, Cebu
NOT VALID WITHOUT OFFICIAL SEAL


ROVIN G. BORINAGA
Punong Barangay



Medgrappe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarealpha.ph

SERVICE ORDER



BILL TO :

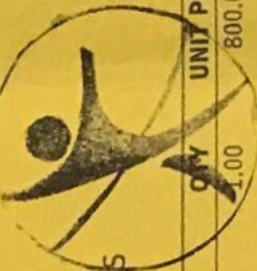
[000160] IPLOY STAFFING SOLUTIONS
CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0046
SO No.	461600
S.O Date	05/06/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 099878
PATIENT NAME : MORALES, IVY ROSE, SARAUM
PATIENT ADDRESS : Sambag li (Pob.), Cebu City (Capital), Cebu
MOBILE NO. : 09535561163
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 06/07/2001
AGE : 22
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME *PEL, CHEST PA, SE IN DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00	TOTAL SALES : 800.00 VATABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

PREPARED BY:

Floren A. Manigos

ACKNOWLEDGED BY:

Signature Over Printed Name

VARIFIED BY:

VALIDATED
 Signature Over Printed Name

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services.

BY: Date Created: 05/06/2024 10:04 AM

**** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ****



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, GOLDEN PEAK TOWER, GORORDO AVE., COR. ESCARIO ST., CEBU CITY 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (FAX) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) :	12-251824266-9	PhilSys Card Number :	
Member Type :	DIRECT CONTRIBUTOR - EMPLOYED PRIVATE	NHTS Coverage :	N/A
		Validity Period :	N/A

MORALES, IVY ROSE SARAUM
PAHINA CENTRAL (PCB), CEBU CITY, CEBU - 6000

Foreign Address :	N/A	Sex :	FEMALE
		Date of Birth :	06/07/2001
		Place of Birth :	CEBU CITY, CEBU
Contact No. (Foreign) :	N/A	Civil Status :	SINGLE
(Local) :	0995 9301492	Tax Identification Number :	N/A

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) :	200276304835		
Name of Employer/Organized Group :	ACCENTURE INC		
Business Address :	7F ROBINSONS CYBERGATE 1 PIONEER ST, BARANGKA ILAYA, CITY OF MANDALUYONG, METRO MANILA - 1501		
Telephone Number :	8410111	Employment Status :	SEPARATED
Tax Identification Number :	000845543	Date :	11/23/2020

DEPENDENT INFORMATION

PhilHealth PIN	First Name	Given Name	Middle Name	Sex	Relation	Date of Birth
*** NO DECLARED DEPENDENTS ***						

MARJORIE A. CABRIETO
REGIONAL VICE PRESIDENT
PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital.
(Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required. Printed At: CEBU CITY - CEBU

05/06/2024 01:43:10 PM 20710922 10106105 / 09/10/2020 / 20063898 / 01/02/2024



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121273791324
REGISTRATION TRACKING NO.	920251994325

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE	
Please specify			
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION
MEMBER	MORALES	IVY ROSE	SARAUM
FATHER			
MOTHER (Maiden Name)	MORALES	GENARA	SARAUM
SPOUSE (if Married)			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MORALES	IVY ROSE	SARAUM
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
06/07/2001	Single/Unmarried		
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU, PHILIPPINES	FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	0.00	0.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
			For AFP/PNP Employee, Serial/Badge No.
			For DepEd Employee, Division Code-Station Code


ADDRESS AND CONTACT DETAILS			
PERMANENT HOME ADDRESS			COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor	Building Name		Home
Lot No., Block No., Phase No.	House No.	Street Name	Cell Phone
Subdivision	Barangay PAHINA CENTRAL		Business (Direct Line)
Municipality/City CEBU CITY	Province/State/Country CEBU, PHILIPPINES		Business (Trunk Line)
ZIP Code 6000			Email Address
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	
House No.	Street Name	Subdivision	Barangay PAHINA CENTRAL
Municipality/City CEBU CITY	Province/State/Country CEBU, PHILIPPINES		ZIP Code 6000
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS					
OCCUPATION CUSTOMER SERVICE REPRESENTATIVES			EMPLOYMENT STATUS CONTRACTUAL	TYPE OF WORK	
EMPLOYER/BUSINESS NAME GLOBAL EMPIRE CORPORATION			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor 10TH FLR			MONTHLY INCOME		
Lot No.	Block No.	Phase No.	Building Name METROBANK BLDG	House No.	Street Name JUANA OSMENA
Subdivision			Barangay CAPITOL SITE	Basic 0.00 Allowances/Others 0.00 Total Mo. Income 0.00	
Municipality/City CEBU CITY			Province CEBU	OFFICE ASSIGNMENT	
State/Country(if abroad) PHILIPPINES			ZIP Code 6000	DATE EMPLOYED AUG 2020	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

HEIRS					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
[]					

CERTIFICATION	
I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).	
SIGNATURE OF INFORMANT	DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY	DATE
 Signature over Printed Name	CFA Designation/Position
	Cebu Cebu Branch/Unit
	8/6/24 DATE

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

Navigation icons: back, forward, hand, location pin, share, route, street view.

Dagupan Elementary School

LEGEND

Morales Residence

10.14743, 123.67071

✕

✎ ✏ 📷

Upper Laguna Ba
San Fernando Ce

San Fernando Islamic Centre

Dayun Glampsite

Sr. Sto. Niño De Cebu Chapel

FLOW POINT ENTERPRISE...

Greenhills Elementary School

Greenhills Barangay



ENROLLMENT and ASSESSMENTS

Course/Semester

B.S.ED.-ENGL (SY2023-2024 - Second Semester)



CONGRATULATIONS! You are Officially Enrolled for Second Semester (2023-2024).

Transaction Type
Enrollment

Status
Paid

Transaction Number
301043

Year Level
4th Year

Date
01-05-2024

Units Allowed
6

Old Balance
0.00

Minimum Amount To Pay
600.00

Units Acquired
6

Total Assessment
600.00

Midterm Amount
0.00

Scholarship
CHED UNIFAST [CHED UNIFAST (PRACTICUM FEE); Specific Assessment Only]

Total Balance
600.00

Finals Amount
0.00

SUBJECTS

No	Description	Days (Time)
1	Schedule ID 43873 Educ 15 Teaching Internship 6 Units JENNIFER B. GONZALES	Mon-Tues (06-09pm) Room : ACAS-502

TOTAL : 6 Units

ASSESSMENTS

No	Description	Amount
1	ANG SUGA	
2	ATHLETICS	
3	CULTURAL	
4	GUIDANCE	
5	LIBRARY	
6	MEDICAL	
7	SSC	
8	TUITION FEES	
9	PRACTICUM FEE CTE	600.00

[Print Study Load](#)



Enrollment Period :
January 8-27, 2024
Adding/Changing (with Charge) :
January 15-27, 2024
Full Withdrawal (with Charge) :
January 15, 2024
Start of Classes :
January 15, 2024
Terms and Conditions