



Republic of the Philippines
 Region VII Cebu City
HIPODROMO
 Paradise Street, Hipodromo, Cebu City
 Telephone Number: 0321 234-1170
 Email Address: hipodromo2022@gmail.com



Office of the Barangay Chairman



HON. RUPERTO B. BACOLOD JR.
 Punong Barangay
 Committee on Infrastructure &
 Solid Waste Management

BARANGAY COUNCILORS

- HON. MELVIN Z. MATUGAS**
Committee on Good Governance & Law
- HON. CHARLENE MARIE S. BAYLOSIS**
Committee on Livelihood
- HON. REGIE C. MAHINAY**
Committee on Education
- HON. JEASON P. SOLIVA**
Committee on Health
- HON. MARK "MAE ANNE" M. AGUIPO**
Committee on Social Services
- HON. EAROL JOHN A. TORRES**
Committee on Peace & Order
- HON. RUBEN B. CONEJOS**
Committee on Informed Settlers
- HON. JHON JHAPETH G. MALUYA**
SK CHAIRMAN
- GEYAREYHENA M. RONDINA**
BARANGAY SECRETARY
- KRISTINE JOY S. ARAGON**
BARANGAY TREASURER

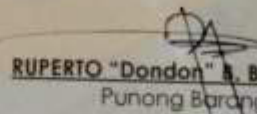
BARANGAY CERTIFICATION

THIS IS TO CERTIFY that **CLIFFHART JEDIDIAH CAÑADA VILLAFLORES** is a resident but not a registered voter with postal address at Kennedy Street Hipodromo, Cebu City.

THAT, per record on file in this office, he has **NO CRIMINAL RECORD**, neither facing any case, either civil or criminal, before the Lupong Tagapamayapa of this Barangay.

This certification is issued upon the request of the bearer for **EMPLOYMENT PURPOSES**.

In witness whereof I have hereunto affix my signature and stamp the official seal of this office. Done in the Barangay Hipodromo this 8th day of May 2024.


RUPERTO "Dondon" B. BACOLOD JR.
 Punong Barangay

SIGNATURE OF REQUESTING PARTY

CTC NO. 25307628
 ISSUED ON : 04/26/24
 ISSUED AT : CEBU CITY

NOT VALID WITHOUT OFFICIAL SEAL

(Copy for CGRG)



Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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 below the appropriate answer in items 2, 5a, 10 and 15a.)

Province CEBU City/Municipality CEBU CITY Registry No. 76-31743

1. NAME (First) (Middle) (Last)
CLIFFORD JUSTINIAN CANADA VILLAFLORES

2. SEX XX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
45 DECEMBER 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
CHONG HUA HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH XX 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS 1 1 First 2 Second 3 Others, Specify

6. MAIDEN NAME (First) (Middle) (Last)
ROSELVA DIANA CANADA

7. CITIZENSHIP PHILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive 1 b. No. of children living including twins 1 c. No. of children born alive but are now dead: NONE

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
32-12 LAVA AN, VALLEY CEBU

13. NAME (First) (Middle) (Last)
CLIFFORD JUSTINIAN CANADA VILLAFLORES

14. CITIZENSHIP PHILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION TEACHER 17. Age at the time of this birth: 24 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)
MAY 20, 1995, CEBU CITY, CEBU

19a. ATTENDANT XX 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Healer) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 7:30 A.M. o'clock am/pm on the date stated above.)
Signature: [Signature] Address: c/o Chong Hua Hospital, Fuinte Grande, Cebu City
Name in Print: LUCKY E. TANQUE, M.D. Date: December 17, 1996
Title or Position: Attending Physician

20. INFORMANT
Signature: [Signature] Address: 32-12 Lava An, Valley, Cebu
Name in Print: ROSELVA C. VILLAFLORES Date: December 17, 1996
Relationship to the child: MOTHER

21. PREPARED BY
Signature: [Signature]
Name in Print: MA. MAGDALENA M. RIAS
Title or Position: Chief, CORE SECTION
Date: December 17, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [Signature] Date: JAN 03 1997
Name in Print: CELIA A. VILLAFLORES
Title or Position: Clerk

REMARKS/ANNOTATION

For CGRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 [] [] [] [] [] [] [] [] [] []

42 [] [] [] [] [] [] [] [] [] []

43 44 [] [] [] [] [] [] [] [] [] []

45 46 [] [] [] [] [] [] [] [] [] []

47 48 [] [] [] [] [] [] [] [] [] []

49 50 [] [] [] [] [] [] [] [] [] []

51 [] [] [] [] [] [] [] [] [] []

52 53 [] [] [] [] [] [] [] [] [] []

54 55 [] [] [] [] [] [] [] [] [] []

56 57 [] [] [] [] [] [] [] [] [] []

58 59 [] [] [] [] [] [] [] [] [] []

60 61 62 63 [] [] [] [] [] [] [] [] [] []

64 65 [] [] [] [] [] [] [] [] [] []

66 67 [] [] [] [] [] [] [] [] [] []

68 69 [] [] [] [] [] [] [] [] [] []

70 71 72 73 [] [] [] [] [] [] [] [] [] []

74 75 76 77 [] [] [] [] [] [] [] [] [] []

78 79 [] [] [] [] [] [] [] [] [] []

80 81 [] [] [] [] [] [] [] [] [] []

82 83 [] [] [] [] [] [] [] [] [] []

84 85 [] [] [] [] [] [] [] [] [] []

86 87 [] [] [] [] [] [] [] [] [] []

88 89 [] [] [] [] [] [] [] [] [] []

90 91 [] [] [] [] [] [] [] [] [] []

92 93 [] [] [] [] [] [] [] [] [] []

94 95 [] [] [] [] [] [] [] [] [] []

96 97 [] [] [] [] [] [] [] [] [] []

98 99 [] [] [] [] [] [] [] [] [] []

100 101 [] [] [] [] [] [] [] [] [] []

06711-6B-4001K-00888-B1001

BEST POSSIBLE IMAGE



T400067114000088805172018001
196400 109944

BReN
02217-A98YF07-3
Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





BIR Form No.
2316

September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

<p>1 For the Year (YYYY) <u>2 0 2 3</u></p> <p style="text-align: center;">Part I - Employee Information</p> <p>3 TIN <u>3 5 3 - 1 6 9 - 0 0 3 - 0 0 0 0 0</u></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code <u>VILLAFLORES, CLIFFHART JEDIDIAH CANADA</u> <u> </u></p> <p>6 Registered Address 6A ZIP Code <u>South Road Lawaan I Cebu City Cebu</u> <u> </u></p> <p>6B Local Home Address 6C ZIP Code <u>South Road Lawaan I Cebu City Cebu</u> <u> </u></p> <p>6D Foreign Address <u> </u></p> <p>7 Date of Birth (MM/DD/YYYY) 8 Contact Number <u>1 2 1 5 1 9 9 6</u> <u> </u></p> <p>9 Statutory Minimum Wage rate per day <u> </u></p> <p>10 Statutory Minimum Wage rate per month <u> </u></p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p style="text-align: center;">Part II - Employer Information (Present)</p> <p>12 TIN <u>0 0 5 - 0 5 7 - 1 8 1 - 0 0 0 0</u></p> <p>13 Employer's Name <u>FOUNDEVER ASIA, INC.</u></p> <p>14 Registered Address 14A ZIP Code <u>10th F. Glorietta Corporate Tower 1, Palm Drive, Ayala Center, Makati City, Philippines</u> <u>1 2 2 4</u></p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p style="text-align: center;">Part III - Employer Information (Previous)</p> <p>16 TIN <u> </u></p> <p>17 Employer's Name <u> </u></p> <p>18 Registered Address 18A ZIP Code <u> </u> <u> </u></p> <p style="text-align: center;">Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <u>308,395.48</u></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <u>308,395.48</u></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <u>0.00</u></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>0.00</u></p> <p>24 Tax Due <u>0.00</u></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <u>0.00</u></p> <p>25B Previous Employer, if applicable <u>0.00</u></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u></p> <p>27 5% Tax Credit (PERA Act of 2008) <u>0.00</u></p> <p>28 Total Taxes Withheld (Item 26 less Item 27) <u>0.00</u></p>	<p>2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>1 2 3 1</u></p> <p style="text-align: center;">Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount</p> <p>29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) <u>237,195.03</u></p> <p>30 Holiday Pay (MWE) <u>0.00</u></p> <p>31 Overtime Pay (MWE) <u>0.00</u></p> <p>32 Night Shift Differential (MWE) <u>0.00</u></p> <p>33 Hazard Pay (MWE) <u>0.00</u></p> <p>34 13th Month Pay and Other Benefits (maximum of P90,000) <u>15,784.01</u></p> <p>35 De Minimis Benefits <u>35,768.40</u></p> <p>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <u>18,518.04</u></p> <p>37 Salaries and Other Forms of Compensation <u>1,130.00</u></p> <p>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <u>308,395.48</u></p> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <p>39 Basic Salary <u>0.00</u></p> <p>40 Representation <u>0.00</u></p> <p>41 Transportation <u>0.00</u></p> <p>42 Cost of Living Allowance (COLA) <u>0.00</u></p> <p>43 Fixed Housing Allowance <u>0.00</u></p> <p>44 Others (specify)</p> <p>44A <u> </u> <u>0.00</u></p> <p>44B <u> </u> <u>0.00</u></p> <p style="text-align: center;">SUPPLEMENTARY</p> <p>45 Commission <u>0.00</u></p> <p>46 Profit Sharing <u>0.00</u></p> <p>47 Fees Including Director's Fees <u>0.00</u></p> <p>48 Taxable 13th Month Benefits <u>0.00</u></p> <p>49 Hazard Pay <u>0.00</u></p> <p>50 Overtime Pay <u>0.00</u></p> <p>51 Others (specify)</p> <p>51A <u>Salaries and other form of compensation</u> <u>0.00</u></p> <p>51B <u> </u> <u>0.00</u></p> <p>52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <u>0.00</u></p>
---	--

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.

<p>53 <u>PORTULA, RONALD PONFERRADA / Director TT - Tax Compliance</u> Present Employer/Authorized Agent Signature over Printed Name</p> <p>CONFORME:</p> <p>54 <u>VILLAFLORES, CLIFFHART JEDIDIAH CANADA</u> Employee Signature over Printed Name</p> <p>CTC/Valid ID No. <u> </u> Place of Issue <u> </u></p>	<p>Date Signed <u>0 1 3 1 2 0 2 4</u></p> <p>Date Signed <u> </u></p> <p>Date Issued <u> </u> Amount paid, if CTC <u> </u></p>
--	---

To be accomplished under substituted filing

<p>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.</p> <p>55 <u>PORTULA, RONALD PONFERRADA / Director TT - Tax Compliance</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>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.</p> <p>56 <u>VILLAFLORES, CLIFFHART JEDIDIAH CANADA</u> Employee Signature over Printed Name</p>
--	--

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

Republic of the Philippines
Department of Justice
National Bureau of Investigation



39006910

This is to certify that the person whose name, address, signature and photograph appearing hereon are for NBI Clearance and the results is as follows:

ABLE NO:
V414LCOH69-ML1647663
LAST NAME:
VILLAFLORES
MIDDLE NAME:
CANADA
ADDRESS:
HOLY TRINITY HIPODROMO CEBU CITY
DATE OF BIRTH:
December 15, 1996
CITIZENSHIP:
FILIPINO

VALID UNTIL:
March 11, 2025
FIRST NAME:
CLIFFHART JEDIDIAH
HUSBAND'S SURNAME:



SIGNATURE

PLACE OF BIRTH:
CEBU CITY
CIVIL STATUS:
SINGLE

OFFICER:
MALE

PURPOSE:
MULTI-PURPOSE CLEARANCE
REMARKS:
NO RECORD ON FILE



V414LCOH69-ML1647663

ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Monday, March 11, 2024 02:18 PM
Agency: MLSE DATE: 03/11/2024
CASID: 033449 BIOD: 033449
O.R. No: WP20241179 RECID:
O.R. Date: 03/11/2024 2:09:44 PM RECID:
DST PAID: PRTO: Jantapano

Republic of the Philippines
Department of Justice
National Bureau of Investigation



39006910

This is to certify that the person whose name, address, signature and photograph appearing hereon are for NBI Clearance and the results is as follows:

ABLE NO:
V414LCOH69-ML1647663
LAST NAME:
VILLAFLORES
MIDDLE NAME:
CANADA
ADDRESS:
HOLY TRINITY HIPODROMO CEBU CITY
DATE OF BIRTH:
December 15, 1996
CITIZENSHIP:
FILIPINO

VALID UNTIL:
March 11, 2025
FIRST NAME:
CLIFFHART JEDIDIAH
HUSBAND'S SURNAME:



SIGNATURE

PLACE OF BIRTH:
CEBU CITY
CIVIL STATUS:
SINGLE

GENDER:
MALE

PURPOSE:
MULTI-PURPOSE CLEARANCE
REMARKS:
NO RECORD ON FILE

PERSONAL COPY



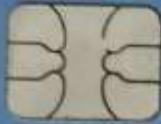
V414LCOH69-ML1647663

ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Monday, March 11, 2024 02:18 PM
Agency: MLSE DATE: 03/11/2024
CASID: 033449 BIOD: 033449
O.R. No: WP20241179 RECID:
O.R. Date: 03/11/2024 2:09:44 PM RECID:
DST PAID: PRTO: Jantapano



Pag-IBIG *Plus*
LOYALTY CARD



CLIFFHART JEDIDIAH C. VILLAFLORES

MID No. **1212-2622-2060**



3*1500*1044*025684





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **12-051583145-8** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR -
 Sub-Category : EMPLOYED PRIVATE NHTS Coverage : N/A
 Validity Period : N/A - N/A

VILLAFLORES, CLIFFHART JEDIDIAH CAÑADA

SOUTH ROAD LAWAAN I, TALISAY CEBU

Foreign Address : N/A Sex : MALE
 Date of Birth : 12/15/1996
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 032 4914135 / +639438299479 Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : 210276000370
 Name of Employer/Organized Group : FOUNDEVER ASIA INC (SYKES ASIA INC)
 Business Address : 10 FLR GLORIETTA 1 BPO OFFICE TOWER AYALA CENTER, SAN LORENZO, MAKATI CITY FOURTH DIST.
 Telephone Number : 8178781 Employment Status : EMPLOYED
 Tax Identification Number : 005057181041 Date : 12/03/2018

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
-----	---------	------------	-------------	-----	----------	---------------

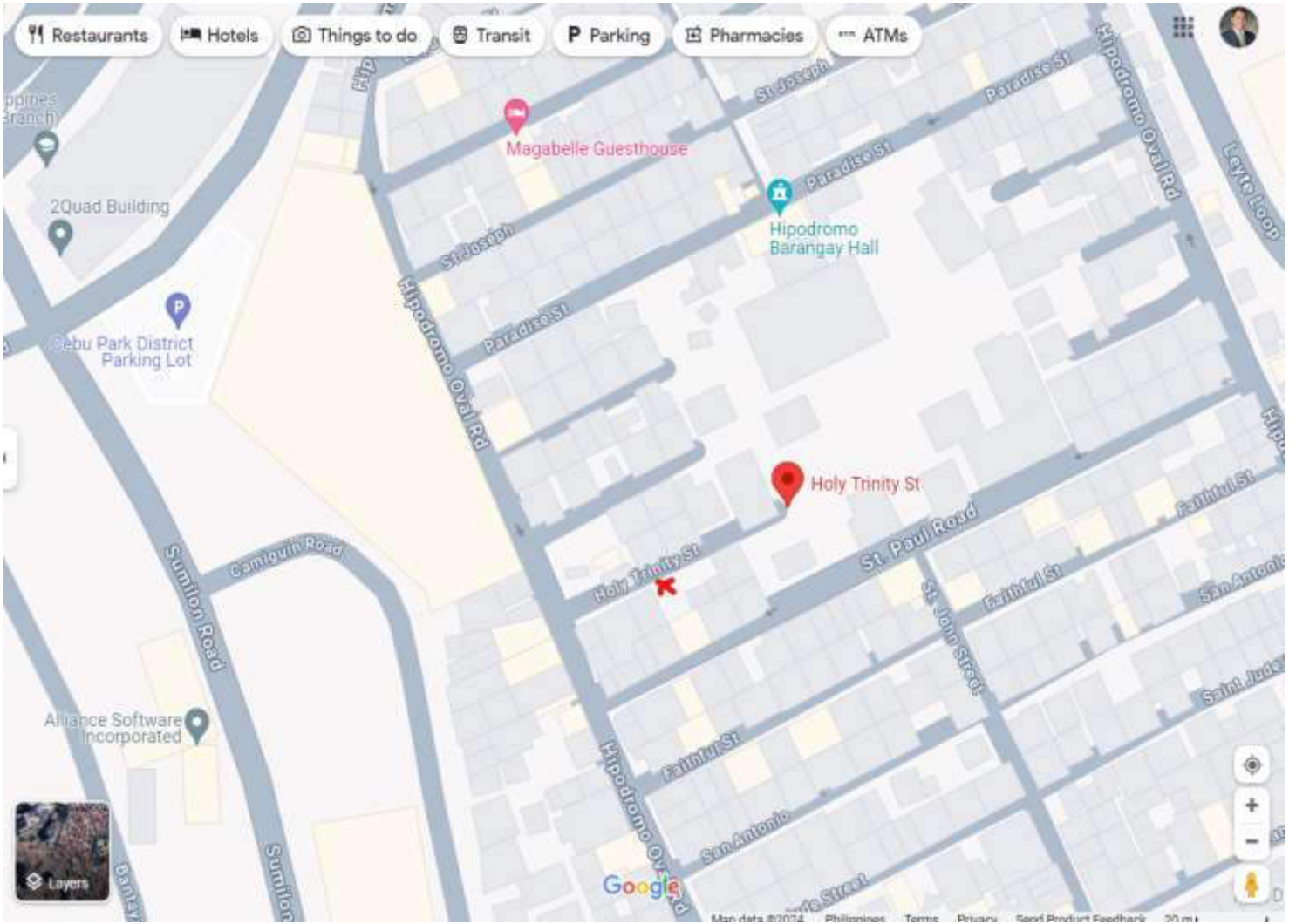
*** NOTHING FOLLOWS ***

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 benepisyong, 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 MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

May 07, 2024 12:46 PM





VILLAFLORES, CLIFFHART JEDIDIAH CAÑADA

SS Number: 34-7564247-2 | CRN Number: 0111-9394076-2

Your password will expire on Nov 03, 2024 | Your last login was on Oct 20, 2023 4:13:40 PM thru the SSS Website

[HOME](#) [MEMBER INFO](#) [INQUIRY](#) [BENEFITS](#) [LOANS](#) [SERVICES](#) [PAYMENT REFERENCE NUMBER \(PRN\)](#) [LOGOUT](#)

Member Details

Address & Contact Information

SS Number Status :	0 - ACTIVE
Document Compliance :	APPLICATION THRU THE WEB - WITH PERSONAL APPEARANCE AND SUBMITTED DOCUMENT(S)
Membership Status :	PERMANENT
Prior Registrant :	NO
Date of SS Number Issuance :	05/17/2018
Sex :	MALE
Reporting Date :	09-05-2018
Reporting ID :	06-1793898-9
Latest ER ID :	03-9098912-9
Latest ER Name :	FOUNDEVER ASIA, INC.
Claim Flag Status :	0 - NO FINAL/FUNERAL CLAIM
Transferred to (New SS Number) :	
Membership Type :	EMPLOYEE
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification	
SS Number Withdrawal Reason	
Record Location	MAKATI-GIL PUYAT
TIN Number	

University of San Carlos



Cebu City, Philippines

To all whom these presents shall come

Greetings

Be it known that

Cliffhart Jedidiah Cañada Villaflores

having satisfactorily completed the prescribed Curriculum, in accordance with the recommendation of the Faculty, the approval of the Board of Trustees and by Authority of the Government of the Philippines, has this day been granted the degree of

Bachelor of Science in Business Administration

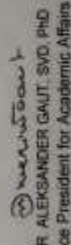
with all the Rights and Privileges thereto appertaining. In testimony whereof are hereunto affixed the Corporate Seal of the University and the Signatures of the President, the Vice President for Academic Affairs, and the Dean.

Given at Cebu City, Philippines, this 12th day of April 2018.




CHALLENGERA MATERO, DPA
Dean


FR. FRANCISCO M. MIRANDA, SVD, MA, STD
President


FR. ALEXANDER GAULT, SVD, PhD
Vice President for Academic Affairs



UNIVERSITY OF SAN CARLOS
Office of the Registrar

Nasipit, Talamban, 6000 Cebu City, Philippines
Tel. No. (63 32) 230-0100 local 112, 115,138
Fax No. (63 32) 230-0405

ACCREDITED: Charter Member Philippine
Accrediting Association of
Schools, Colleges and
Universities (PAASCU)

SCHOOL CODE: 7078

OFFICIAL TRANSCRIPT OF RECORDS

Page 1

PERSONAL DATA

Student Name : **VILLAFLORES, CLIFFHART JEDIDIAH
CAÑADA**
ID Number : 14101819
Birthdate : DECEMBER 15, 1996
Birthplace : CEBU CITY, CEBU
Gender : MALE
Religion : CATHOLIC
Citizenship : FILIPINO
Parent/Spouse : CLIFFORD VILLAFLORES
Address : SOUTH ROAD, LAWAAN 1, TALISAY CITY
6045, CEBU, REGION 7 - CENTRAL VISAYAS,
PHILIPPINES
Tel no. :



PRELIMINARY EDUCATION


Elementary : UNIVERSITY OF SAN CARLOS NORTH CAMPUS Year : 2010
Secondary : UNIVERSITY OF SAN CARLOS NORTH CAMPUS Year : 2014

GRADING SYSTEM

	GRADE	EQUIVALENT	INDICATION
1.0	A+	100-95%	Excellent
1.1-1.5	A- A	94-90%	Very Good
1.6-2.5	A- B+	89-80%	Good
2.6-3.0	C+ - C	79-75%	Fair
5.0	C	74	Failure
INC	*Incomplete		
NC	*No Credit		
W	*Withdrawn - with official notice		
IP	*In Progress		
P	*Passed		

One collegiate unit of credit is one hour lecture or recitation each week or total of 18 hours in a semester. Three hours laboratory work, drafting, or a shop work each week or a total of 54 hours a semester as regarded as equivalent also to one unit of credit.

The semestral average grade of a student is computed by multiplying the number of units assigned to a course by the grade earned and the product divided by the total units earned for the semester.


ROMEO E. YAP
University Registrar

Not valid without
USC Seal