





Republic of the Philippines  
Department of Justice  
National Bureau of Investigation

39453264

This is to certify that the person whose name, picture, signature and thumbprint appearing below applies for NBI Clearance and the results is as follows:

NBI ID NO  
S160HCLA10-OU99909

VALID UNTIL  
July 01, 2026

FAMILY NAME  
SEBERRE

FIRST NAME  
CEILA SUSANA

MIDDLE NAME  
ESCALONA

HUSBAND'S SURNAME

ADDRESS  
748 NAZARETH STREET BRGY HIPODROMO CEBU CITY

PLACE OF BIRTH  
CEBU CITY

DATE OF BIRTH  
August 12, 2001

CITIZENSHIP  
FILIPINO

CIVIL STATUS  
SINGLE

GENDER  
FEMALE

PURPOSE

MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE



SIGNATURE

*[Handwritten Signature]*



S160HCLA10-OU99909

JUDGE JAIME B. SANTIAGO (RET.)  
Director

Printed on Monday, July 01, 2024 02:14 PM

Agency	OU	DATE	jadraqueg
CASID	Jadraqueg	BIOD	jadraqueg
CR No	MP759QRXTH	CR No	
CR Date	07/01/2024 2:14:05 PM	INT	
OST PAID		PRINT	jadraqueg

NATIONAL BUREAU OF INVESTIGATION



Republic of the Philippines  
**NATIONAL POLICE COMMISSION**  
**PHILIPPINE NATIONAL POLICE**  
 Camp BGen Rafael T Crame, Quezon City

**NATIONAL POLICE CLEARANCE**



PICTURE

DATE ISSUED: July 01, 2024

VALID UNTIL: January 01, 2025

*Ceila Susana Escalona Seberre*

SIGNATURE



THUMBMARK



Q.R. CODE

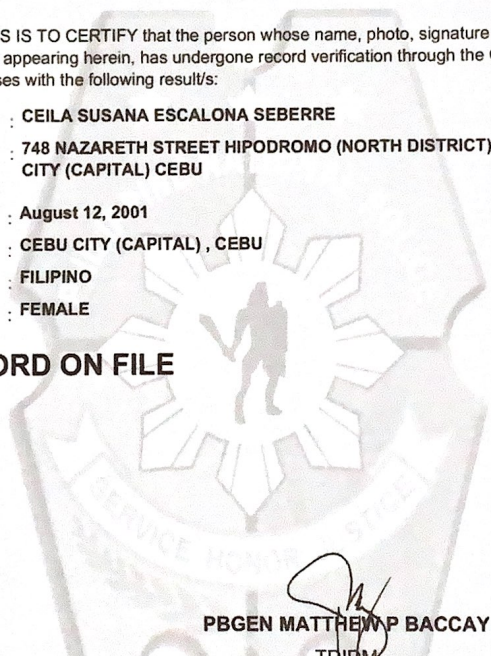
Transaction Number:

TRAQGE20240627019155

THIS IS TO CERTIFY that the person whose name, photo, signature and right thumbmark appearing herein, has undergone record verification through the Crime-Related Databases with the following result/s:

NAME : CEILA SUSANA ESCALONA SEBERRE  
 ADDRESS : 748 NAZARETH STREET HIPODROMO (NORTH DISTRICT) CEBU CITY (CAPITAL) CEBU  
 BIRTH DATE : August 12, 2001  
 BIRTH PLACE : CEBU CITY (CAPITAL) , CEBU  
 CITIZENSHIP : FILIPINO  
 GENDER : FEMALE

**NO RECORD ON FILE**



PBGEN MATTHEW P BACCAY

TDIDM

NOTE: To verify the authenticity of this Police Clearance, please visit <https://prnclearance.ph/> or use Q.R. code scanner

**NO RECORD ON FILE**



Republic of the Philippines  
 Region VII Cebu City  
**HIPODROMO**  
 Paradise Street, Hipodromo, Cebu City  
 Telephone Number: (032) 254-1170  
 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 Informal 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 **CEILA SUSANA ESCALONA SEBERRE** is a resident and a registered voter under precinct no. 0352-B with postal address at 748 Nazareth Street Hipodromo, Cebu City.

This is to certify further **THAT**, the name mentioned-above is qualified to avail **R.A -11261 OR THE FIRST TIME JOB SEEKER OF ACT OF 2019.**

This certification is issued upon the request of the concerned for **EMPLOYMENT PURPOSES** and for whatever legal purpose it may serve best.

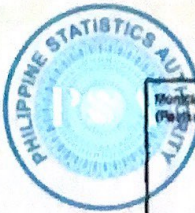
In witness whereof I have hereunto affix my signature and stamp the official seal of this office. Done in the Barangay Hipodromo this 22<sup>nd</sup> day of July 2024.

**RUPERTO "Dondon" B. BACOLOD, JR.**  
 Punong Barangay

\_\_\_\_\_  
 SIGNATURE OF REQUESTING PARTY

CTC NO.:  
 ISSUED ON :  
 ISSUED AT :

NOT VALID WITHOUT OFFICIAL SEAL



Copy to CGRS

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 entries in Items 2, 5a, 6b and 19a.)						
Province <u>CEBU</u>		Registration No. <u>22358</u>				
City/Municipality <u>CEBU CITY</u>						
CHILD	1. NAME (First) (Middle) (Last) <u>DELLA SUBANA ESCALONA SEBERRE</u>			For CGRS USE ONLY: Population Reference No.		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>12 AUGUST 2001</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUER. CENTER &amp; MAT. HOUSE, INC., CEBU CITY, CEBU</u>			41		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		42		
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>THIRD</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3.450</u> grams		43		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>BREEN LOCAYLOCAY ESCALONA</u>			44		
	7. CITIZENSHIP <u>PHILIPPINO</u>	8. RELIGION <u>ROMAN CATHOLIC</u>		45		
	9a. Total number of children born alive: <u>3</u>	b. No. of children still living including this birth: <u>3</u>	c. No. of children born alive but are now dead: <u>0</u>	46		
	10. OCCUPATION <u>HOUSEWIFE</u>	11. Age at the time of this birth: <u>29</u> years		47		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>748 NAZARETH ST., HIODROMO, CEBU CITY, CEBU</u>			48			
FATHER	13. NAME (First) (Middle) (Last) <u>JOSE VELARDE SEBERRE</u>			49		
	14. CITIZENSHIP <u>PHILIPPINO</u>	15. RELIGION <u>ROMAN CATHOLIC</u>		50		
	16. OCCUPATION <u>SALES REP.</u>	17. Age at the time of this birth: <u>27</u> years		51		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JULY 3, 1995 BANILAD, MANDAUE CITY</u>			52		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			53			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:30 P.M.</u> clock am/pm on the date stated above.			54			
Signature <u>[Signature]</u> Name in Print <u>JESUGA ROBOS, M.D.</u> Title or Position <u>PHYSICIAN</u>	Address <u>CEBU PUER. CENTER &amp; MAT. HOUSE, INC., CEBU CITY</u> Date <u>AUGUST 12, 2001</u>		55			
Signature <u>[Signature]</u> Name in Print <u>BREEN B. SEBERRE</u> Relationship to the child <u>MOTHER</u>	Address <u>748 NAZARETH ST., HIODROMO, CEBU CITY</u> Date <u>AUGUST 12, 2001</u>		56			
Signature <u>[Signature]</u> Name in Print <u>JOCelyn B. I FONG</u> Title or Position <u>CLERK</u> Date <u>AUGUST 12, 2001</u>	Signature <u>[Signature]</u> Name in Print <u>LOUELLA N. [Signature]</u> Title or Position <u>CLERK</u> Date <u>AUG 23 2001</u>		57			
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BEST POSSIBLE IMAGE



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 Documentary  
 Stamp Tax Paid

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

000287



**REPUBLIC OF THE PHILIPPINES**  
Philippine Health Insurance Corporation



**PhilHealth**  
*Your Partner in Health*



**02-251756754-3**

**SEBERRE, CEILA SUSANA ESCALONA**

**AUGUST 12, 2001 - FEMALE**

**HIPPODROMO, CEBU CITY, CEBU - 6000**



*Ceila Susana Escalona*  
Signature



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](http://www.philhealth.gov.ph)

**MEMBER DATA RECORD**

**MEMBER BASIC INFORMATION**

**PhilHealth Identification Number (PIN)** : 02-251756754-3 PhilSys Number : N/A  
Member Type : DIRECT CONTRIBUTOR - NHTS Coverage : N/A  
: SELF EARNING INDIVIDUAL - Validity Period : N/A  
INDIVIDUAL

**SEBERRE, CEILA SUSANA ESCALONA**

HIPPODROMO, CEBU CITY, CEBU - 6000

Foreign Address : N/A Sex : FEMALE  
Date of Birth : 08/12/2001  
Place of Birth : CEBU CITY, CEBU  
Contact No. (Foreign) : N/A Civil Status : SINGLE  
(Local) : 2341615 / 09770512174 Tax Identification Number :

**ENTITY INFORMATION**

Philhealth Number (PEN/POGN) : N/A  
Name of Entity/Organized Group : N/A  
Business Address : N/A  
Telephone Number : N/A Employment Status : N/A  
Tax Identification Number : N/A Date : N/A

**DEPENDENT INFORMATION**

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* 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: PRO VII Cebu City - 8/F Golden Peak Tower, Gorordo Ave. cor. Escario St., Cebu City*

*07/03/2024 11:34:08 AM 30499114 30756221 2024-05-22*



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID**  
**(UMID) CARD APPLICATION (E-1/E-6)**

MO0572IW202405157621 Date/Time Generated: 15 May 2024 03:10:41 PM

SS NUMBER <b>06-4845180-4</b>					
<b>NAME</b>					
(LAST NAME) <b>SEBERRE</b>	(FIRST NAME) <b>CEILA SUSANA</b>	(MIDDLE NAME) <b>ESCALONA</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>08122001</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>ESCALONA</b>		(FIRST NAME) <b>BREEN</b>	(MIDDLE NAME) <b>LOCAYLOCAY</b>	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) <b>ESCALONA</b>		(FIRST NAME) <b>BREEN</b>	(MIDDLE NAME) <b>LOCAYLOCAY</b>	(SUFFIX)	
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>748</b>		(STREET NAME) <b>NAZARETH STREET</b>	(SUBDIVISION) <b>HIPODROMO</b>		
(BARANGAY/DISTRICT/LOCALITY) <b>HIPPODROMO</b>	(CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6000</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>168</b>	WEIGHT (IN KILOGRAMS) <b>48</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL NO.) <b>02-82341615</b>		MOBILE NUMBER <b>(0977) 051-2174</b>	EMAIL ADDRESS <b>ceilasvana.seberre@gmail.com</b>		
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)			RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)					
1					
2					
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____		Foreign Address _____ _____ _____ Monthly Earnings _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse _____ _____ Monthly Income of Working Spouse (P) _____	
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

**SS NUMBER SLIP**

06-4845180-4

SEBERRE, CEILA SUSANA ESCALONA

08/12/2001





Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

**Transaction Number Slip**

**MO0572IW202405157621**

**Name of Applicant: SEBERRE, CEILA SUSANA ESCALONA**

**Date of Birth: 08/12/2001**



MO0572IW202405157621 SEBERRE, CEILA SUSANA ESCALONA

***INSTRUCTIONS:***

1. Present this transaction number slip at the SSS Branch/Service Office/Foreign Office together with your two (2) valid IDs and the required supporting documents (list was emailed to you) for tagging of your SS number's status with "APPLICATION THRU THE WEB/MOBILE APP-WITH APPROVED SUPPORTING DOCUMENTS".
2. SSS advisory/announcement will be issued once the SSS pay card application becomes available.

PAASCU ACCREDITED



# UNIVERSITY OF SAN JOSE-RECOLTOS

Cebu City, Philippines

AUTONOMOUS STATUS



To all persons to whom these presents shall come

## Verdict

Be it known that

**Deila Susana F. Scherre**

having satisfactorily completed the requirements as prescribed by the Commission on Higher Education upon the recommendation of the Dean and Faculty, and the approval of the University President by virtue of the authority vested in him by the Board of Trustees, has this day been granted the degree of

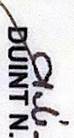
**Bachelor of Science in Psychology**

“Cum Laude”


with all the rights, honors and privileges as well as obligations and responsibilities thereunto appertaining.

In testimony whereof affixed are the Corporate Seal of the University and signatures of the President, Dean and the Registrar.

Given at Cebu City, Philippines, this 24<sup>th</sup> day of May 2024.

  
**BUNT N. LIM**  
Registrar

  
**REV. FR. EDUARDO S. CELIZ, JR., OAR**  
President

  
**MARIETTA D. BONGCALES, Ph.D.**  
Dean





PAASCU ACCREDITED

# University of San Jose-Recoletos

## OFFICE OF THE REGISTRAR

Magallanes St., Cebu City 6000 Philippines

☎ (+6332) 253-7900 local 261-264

🌐 www.usjr.edu.ph

✉ registrar@usjr.edu.ph



AUTONOMOUS STATUS

July 19, 2024

TO WHOM IT MAY CONCERN:

This is to CERTIFY that **MS. CEILA SUSANA E. SEBERRE** graduated from this University with the degree of **BACHELOR OF SCIENCE IN PSYCHOLOGY (BS Psych) "CUM LAUDE"** on **May 24, 2024**.

This is to CERTIFY further that she is exempted from the requirement of Special Order (S.O.) having graduated from the University of San Jose-Recoletos, a Private Higher Education Institution with **Autonomous Status** granted by the Commission on Higher Education (CHED) in accordance with Republic Act (RA) 7722 otherwise known as the Higher Education Act of 1994.

This is to CERTIFY furthermore that the exemption from S.O. requirement granted to accredited courses of study was mandated by Batas Pambansa Blg. 232, otherwise known as the Education Act of 1982, as implemented by MECS Order No. 36, series of 1984.

This certification is issued upon request for **employment..**

**DUINT N. LIM**

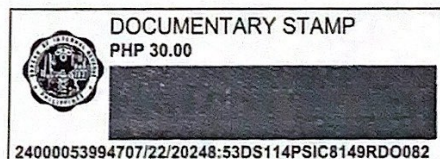
University Registrar

FOR AND IN THE ABSENCE  
OF THE REGISTRAR

**ALLAN B. MARQUEZ**

Assistant Registrar

NOT VALID WITHOUT  
USJ-R SEAL/guan





PAASCU ACCREDITED

# University of San Jose-Recoletos

## OFFICE OF THE REGISTRAR

Magallanes St., Cebu City 6000 Philippines

☎ (+6332) 253-7900 local 261-264

🌐 www.usjr.edu.ph

✉ registrar@usjr.edu.ph



AUTONOMOUS STATUS

# OFFICIAL TRANSCRIPT OF RECORDS

**SEBERRE**

( Last Name )

**CEILA SUSANA**

( First Name )

**ESCALONA**

( Middle Name )

### PERSONAL DATA

Date of Birth : August 12, 2001

Place of Birth : Cebu City, Cebu

Religion : Roman Catholic

Parent : Mrs. Breen E. Seberre

Address : 748 Nazareth Street, Hipodromo, Cebu City 6000 Cebu

Gender : Female

Civil Status : Single

Citizenship : Filipino



### PRELIMINARY EDUCATION

Elementary : Hipodromo Elementary School

Junior High School: University of Cebu

Senior High School: University of San Jose-Recoletos

Credentials Upon Entry: F137-A, F138

Year Completed: 2013-2014

Year Completed: 2017-2018

Year Completed: 2019-2020

### [ GRADING SYSTEM ]

GRADE		EQUIVALENT	INDICATION
1.0	A+	100 - 95%	Excellent
1.1 - 1.5	A	94 - 90%	Superior
1.6 - 2.0	B+	89 - 85%	Very Good
2.1 - 2.5	B	84 - 80%	Good
2.6 - 2.9	B-	79 - 76%	Fair
3.0	C	75%	Passed
5.0	C-	74% and below	Failed
W			Withdrawn
NC			No Credit
INC			Incomplete

One unit credit is one hour lecture or recitation each week for a total of 18 weeks in one semester. Three hours of laboratory work, drafting, shopwork, or field work each week is equivalent to one unit of credit.

The semestral average grade of a student is obtained by multiplying the number of units assigned to a course by the grade earned. The sum of the products is divided by the total number of units earned by the student for the semester.

Not Valid Without  
Official USJ-R  
Seal



**DUINT N. LIM**  
University Registrar



PAASCU ACCREDITED

# University of San Jose-Recoletos

## OFFICE OF THE REGISTRAR

Magallanes St., Cebu City 6000 Philippines

(+6332) 253-7900 local 261-264

www.usjr.edu.ph

registrar@usjr.edu.ph



AUTONOMOUS STATUS

# OFFICIAL TRANSCRIPT OF RECORDS

**SEBERRE**

( Last Name )

**CEILA SUSANA**

( First Name )

**ESCALONA**

( Middle Name )

Course No.	Descriptive Title	Final Grade	Removal Grade	Credit Units
<b>BS Psych - 1</b>		<b>1st Semester 2020-2021</b>		
CWTS 11*	Civic Welfare Training Services 11	1.90		3.0
GE UTS	Understanding the Self	1.20		3.0
Guidance 1	Adjustment to College Life Phase 1	1.10		1.0
Lab Sci 1	Zoology	1.70		5.0
PE 1	Physical Education 1	1.10		2.0
Psych 1	Introduction to Psychology	1.60		3.0
Psych 2	Developmental Psychology	1.20		3.0
Psych Math A	Psychological Statistics 1	1.50		3.0
ReEd 1	Initium Fidei: An Introduction to Doing Catholic Theology	1.20		3.0
<b>BS Psych - 1</b>		<b>2nd Semester 2020-2021</b>		
CWTS 12*	Civic Welfare Training Services 12	1.60		3.0
EP 1	English Proficiency Level 1 (lec/lab)	1.40		3.0
Guidance 2	Adjustment to College Life Phase 2	1.00		1.0
Lab Sci 2	Human Anatomy and Physiology	1.30		5.0
PE 2	Physical Education 2	1.10		2.0
Psych 3	Social Psychology	1.50		3.0
Psych 4A	Theories of Personality 1	1.60		3.0
Psych 5	Cognitive Psychology	1.40		3.0
Psych 6	Filipino Psychology	1.10		3.0
ReEd 2	Written That You May Believe: An Introduction to Biblical Exegesis	1.40		3.0
* COMPLETED NSTP COURSE WITH SERIAL # C-07-011274-21				
<b>BS Psych - 2</b>		<b>1st Semester 2021-2022</b>		
EP 2	English Proficiency Level 2	1.10		3.0
FIT	Foundation in Information Technology (Lec/Lab)	1.30		3.0
GE ET	Ethics	1.30		3.0
GE MMW	Mathematics in the Modern World	1.20		3.0
PE 3	Physical Education 3	1.10		2.0
Psych 4B	Theories of Personality 2	1.50		3.0
Psych 7	Industrial/Organizational Psychology	1.20		3.0
Psych 8	Facilitator's Training and Group Dynamics	1.30		3.0
Psych Math B	Psychological Statistics 2: Inferential Statistics	2.30		3.0

Purpose : **For Employment**

Page 1 of 3

Date Issued : **July 19, 2024**

Checked By : **Violeta P. Lucañas**

Prepared By : **Rufalyn T. Jorda**

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FOR AND IN THE ABSENCE  
OF THE REGISTRAR

**ALLAN B. MARQUEZ**  
Assistant Registrar

**DUINT N. LIM**  
University Registrar



PAASCU ACCREDITED

# University of San Jose-Recoletos

## OFFICE OF THE REGISTRAR

Magallanes St., Cebu City 6000 Philippines

(+6332) 253-7900 local 261-264

www.usjr.edu.ph

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AUTONOMOUS STATUS

# OFFICIAL TRANSCRIPT OF RECORDS

**SEBERRE**

( Last Name )

**CEILA SUSANA**

( First Name )

**ESCALONA**

( Middle Name )

Course No.	Descriptive Title	Final Grade	Removal Grade	Credit Units
<b>1st Semester 2021-2022</b>				
<b>BS Psych - 2</b> ReEd 3	Our Restless Hearts: An Introduction to Doing Catholic Morality	1.30		3.0
<b>2nd Semester 2021-2022</b>				
<b>BS Psych - 2</b> GE PC	Purposive Communication	2.40		3.0
KOMFIL	Kontekstwalisadong Komunikasyon sa Filipino	1.30		3.0
PE 4	Physical Education 4	1.10		2.0
Psych 10A	Counseling and Psychotherapy 1	1.30		3.0
Psych 11A	Abnormal Psychology 1	1.50		3.0
Psych 12	Field Methods in Psychology	1.40		5.0
Psych 9	Experimental Psychology	1.40		5.0
ReEd 4	A Call to Action: An Introduction to Catholic Social Thought	1.30		3.0
<b>Summer 2022</b>				
<b>BS Psych - 2</b> Psych 10B	Counseling and Psychotherapy 2	1.20		3.0
Psych 13	Clinical Psychology	1.50		3.0
Psych 14	Physiological Psychology	1.20		3.0
<b>1st Semester 2022-2023</b>				
<b>BS Psych - 3</b> BioHealth	Healthcare and Life Support	1.70		5.0
FILDIS	Filipino sa Ibat-ibang Disiplina	1.10		3.0
GE AA	Art Appreciation	1.20		3.0
Genetics	Fundamental of Genetics	2.30		5.0
Psych 11B	Abnormal Psychology 2	1.40		3.0
Psych 15A	Psychological Assessment 1	2.00		3.0
Psych 23	Labor Code of the Philippines	1.30		3.0
TWP	Technical Writing in Psychology	1.50		3.0
<b>2nd Semester 2022-2023</b>				
<b>BS Psych - 3</b> GE RPH	Readings in Philippine History	1.30		3.0
GE TCW	The Contemporary World	1.30		3.0
Psych 15B	Psychological Assessment 2	1.20		3.0
Psych 16A	Research in Psychology 1	Inc	1.50	3.0
Psych 17	Seminar on Current Issues in Psychology	1.10		3.0
Psych 29	Psychology of Technology	1.40		3.0
Psych Math C	Computer Aided Statistical Analysis for Behavioral Science	1.50		3.0

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( Last Name )

**CEILA SUSANA**

( First Name )

**ESCALONA**

( Middle Name )

Course No.	Descriptive Title	Final Grade	Removal Grade	Credit Units
<b>Summer 2023</b>				
<b>BS Psych - 3</b>				
Psych 21	Industrial Internship for Psychology	Inc	1.40	3.0
Psych 22	Clinical and Social Internship for Psychology	1.50		3.0
<b>1st Semester 2023-2024</b>				
<b>BS Psych - 4</b>				
GE STS	Science, Technology and Society	1.50		3.0
Lit 1	The Literatures of the Philippines	1.50		3.0
Psych 16B	Research in Psychology 2	Inc	1.00	3.0
Psych 19	HR Planning, Training and Development	1.20		3.0
Psych 20	Compensation and Benefits	1.50		3.0
Psych 24	Employee Relations	1.60		3.0
Rizal	Life and Works of Dr. Jose Rizal	1.20		3.0
<b>2nd Semester 2023-2024</b>				
<b>BS Psych - 4</b>				
Lit 2	The Literatures of the World	1.50		3.0
Psych 25	Integrated Course on Personality	1.60		3.0
Psych 26	Integrated Course on Abnormal Psychology	2.30		3.0
Psych 27	Integrated Course on Psychological Assessment	1.70		3.0
Psych 28	Integrated Course on Industrial Psychology	1.60		3.0

## GRADUATED - CUM LAUDE

BACHELOR OF SCIENCE IN PSYCHOLOGY

( BS Psych )

May 24, 2024

FULL AUTONOMOUS STATUS

EXEMPTED FROM SPECIAL ORDER

\*\*\* ENTRIES BELOW THIS LINE ARE CONSIDERED NULL AND VOID \*\*\*

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