

(Copy for OCRG)

Form No. 102 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 before the appropriate answer in items 2, 5a, 5b and 19a.)

Province Cebu City/Municipality Cebu City Registry No. 92-31703

1. NAME (First) Sherlyn Lois (Middle) Go (Last) Rivera

2. SEX  1 Male  2 Female 3. DATE OF BIRTH (day) (month) (year) 29 November 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) Metro Cebu Community Hospital Cebu City Cebu

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

6. BIRTH ORDER (Five births and fetal deaths including this delivery) Third (First, second, third, etc.) d. WEIGHT AT BIRTH 3033 grams

7. MAIDEN SURNAME (First) (Middle) (Last) Sylvia Tajano Go

8. CITIZENSHIP Filipino 9. RELIGION Roman Catholic

9a. Total number of children born alive: Three b. No. of children still living including this birth: Three c. No. of children born alive but are now dead: None

10. OCCUPATION Employee (Pacific Tourist Inn, Inc.) Cebu City 11. Age at the time of this birth: 32 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 2-1 2nd St. Espina Village B. Rodriguez St. Cebu City

13. NAME (First) (Middle) (Last) Segundo Simeon Tallo Rivera

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Employee (Electro Group Inc.) Mango Ave. C.O. 17. Age at the time of this birth: 39 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) June 26, 1991 Cebu City

19a. ATTENDANT  1. Physician  2. Nurse  3. Midwife  4. Hilos (Traditional Midwife)  5. Others (Specify) \_\_\_\_\_

19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 8:30 A.M. o'clock and/or do my dead named above.)

Signature AMERITA BORRES, M.D. Address C/O MCOH Cebu City  
 Name in Print AMERITA BORRES, M.D.  
 Title or Position Physician Date November 29, 1997

Signature Segundo Simeon Rivera Address 2-1 2nd St. Espina Village B. Rodriguez St. Cebu City  
 Name in Print Segundo Simeon Rivera  
 Relationship to the child Father Date November 30, 1997

Signature Owen Jabien  
 Name in Print Owen Jabien  
 Title or Position Registrar  
 Date November 30, 1997

Signature \_\_\_\_\_  
 Name in Print \_\_\_\_\_  
 Title or Position \_\_\_\_\_  
 Date DEC 10 1997

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 9731703

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

7 291197 22178 03 03 00 X20 37 06/26/97 22178 19/1997

06269-50-400ADT-01339-BI001

BEST POSSIBLE IMAGE



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 XK000993799

BReN  
 02217-A97XV0D-2

Documentary  
 Stamp Tax Paid

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

# CERTIFICATE OF LIVE BIRTH

FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER

Register Number:

(a) Civil Registrar-General No. \_\_\_\_\_  
(b) Local Civil Registrar No. \_\_\_\_\_

Province: Busayas  
City or Municipality: Hindayun

(Municipality or City) \_\_\_\_\_  
(Province) \_\_\_\_\_  
LCR No. \_\_\_\_\_  
CODES \_\_\_\_\_  
1(a) 49  
1(b) 13  
1(c) \_\_\_\_\_  
2. 4913  
2(f) \_\_\_\_\_  
4. \_\_\_\_\_  
5(a) \_\_\_\_\_  
5(b) \_\_\_\_\_  
6. \_\_\_\_\_  
8. \_\_\_\_\_  
9. \_\_\_\_\_  
11(a) 534  
11(b) \_\_\_\_\_  
18. \_\_\_\_\_  
14. \_\_\_\_\_  
16(a) \_\_\_\_\_  
16(b) \_\_\_\_\_  
16(c) \_\_\_\_\_  
16(d) \_\_\_\_\_  
22(a) \_\_\_\_\_  
22(b) \_\_\_\_\_  
23. \_\_\_\_\_

1. PLACE OF BIRTH

a. PROVINCE Busayas

b. CITY OR MUNICIPALITY Hindayun

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) \_\_\_\_\_

d. IS PLACE OF BIRTH INSIDE CITY LIMITS?  
Yes  No

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE Busayas

b. CITY OR MUNICIPALITY Hindayun

c. NUMBER AND STREET \_\_\_\_\_

d. IS RESIDENCE INSIDE CITY LIMITS? Yes  No

e. IS RESIDENCE ON A FARM? Yes  No

3. NAME (Type or print)

First Segunda Middle Jella Last Ramos

4. SEX male  male  female

5. IS TWIN OR TRIPLET, WAS CHILD 1st  2nd  3rd

6. DATE OF BIRTH March 3 1958  
Month Day Year

7. NAME (Type or print)

First Urcivia Middle Robinson Last Ramos

8. NATIONALITY Filipino 8a. RACE Chromo

9. AGE (At time of this birth) 92 10. BIRTHPLACE Hindayun, Busayas

11a. USUAL OCCUPATION Farming 11b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

12. MAIDEN NAME (Type or print)

First Legia Middle \_\_\_\_\_ Last Jella

13. NATIONALITY Fil. 13a. RACE Chromo

14. AGE (At time of this birth) 28 15. BIRTHPLACE San Roque, Marikina, Luzon

16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)

a. How many children now living? 1 b. How many other children were born alive but are now dead? none c. How many fetal deaths (fetuses born dead any time after conception)? none

17a. IMPROBANT'S SIGNATURE: \_\_\_\_\_  
b. NAME IN PRINT: \_\_\_\_\_  
c. ADDRESS: \_\_\_\_\_

18. MOTHER'S MARITAL ADDRESS (Number, Street, City or Municipality, Province) Hindayun, Busayas

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at \_\_\_\_\_ o'clock \_\_\_\_\_ M. on the date above indicated.

a. SIGNATURE: ZORAIDA ESPRITH  
b. NAME IN PRINT: ZORAIDA ESPRITH  
c. ADDRESS: Am. ...

d. DATE SIGNED BY ATTENDANT AT BIRTH: \_\_\_\_\_

e. TITLE OF ATTENDANT AT BIRTH:  M. D.  MIDWIFE  NURSE  OTHER (Specify) \_\_\_\_\_

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE: D. ...  
b. NAME IN PRINT: D. ...  
c. TITLE OR POSITION: Local Civil Registrar  
d. DATE: May 12, 1958

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: \_\_\_\_\_  
b. DATE WHEN GIVEN NAME IS SUPPLIED: 0660

22a. LENGTH OF PREGNANCY \_\_\_\_\_ 22b. WEIGHT AT BIRTH \_\_\_\_\_ 22c. LEGITIMATE  YES  NO

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)

(Month) \_\_\_\_\_ (Date) \_\_\_\_\_ (Year) \_\_\_\_\_  
City or Municipality \_\_\_\_\_ Province \_\_\_\_\_

25. THIS CERTIFICATE IS PREPARED BY:

SIGNATURE: \_\_\_\_\_  
NAME IN PRINT: \_\_\_\_\_  
TITLE OR POSITION: \_\_\_\_\_  
DATE: \_\_\_\_\_

RESERVE FOR BINDING

15-259

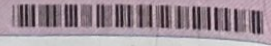
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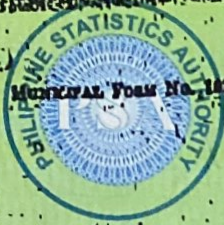
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06809-A58E301-9  
Documentary  
Stamp Tax Paid

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





Municipal Form No. 123 (Revised Dec. 1, 1958)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER

(TO BE ACCOMPLISHED IN THIS PORTION)

Registrar Number:

(a) Civil Registrar-General No. 139
(b) Local Civil Registrar No.

Province: Negros Oriental
City or Municipality: Maria

1. PLACE OF BIRTH:
a. PROVINCE: Negros-Oriental
b. CITY OR MUNICIPALITY: Maria

2. USUAL RESIDENCE OF MOTHER (Where does mother live?):
a. PROVINCE (Negros Oriental) Dago
b. CITY OR MUNICIPALITY: Maria

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? No

c. NUMBER AND STREET
d. IS RESIDENCE INSIDE CITY LIMITS? No
e. IS RESIDENCE ON A FARM? No

3. NAME (Type or print) SYLVIA
4. SEX: F
5a. THIS BIRTH: SINGLE

5b. IF TWIN OR TRIPLET, WAS CHILD: 1st
6. DATE OF BIRTH: Month April Day 22 Year 1965

7. NAME (Type or print) VICENTE
8. AGE (At time of this birth): 55 Years

9. RELIGION: Catholic
10. BIRTHPLACE: Cebu
11a. USUAL OCCUPATION: Merchant
11b. KIND OF BUSINESS OR INDUSTRY

12. MAIDEN NAME: Dominga
13. AGE (At time of this birth): 42 Years

14. RELIGION: Catholic
15. BIRTHPLACE: Dago, Maria, Neg. Or.
16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 7

17a. INFORMANT'S SIGNATURE: FLORENTINO T. CO
17b. NAME IN PRINT: Florentino T. Co
17c. ADDRESS: Dago, Maria, Neg. Or.

18. HOW MANY CHILDREN ARE NOW LIVING? 7
19. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 1
20. HOW MANY FETAL DEATHS (Occurs born dead any time after conception)?

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 5:00 o'clock P.M. on the date above indicated.
Signature: Nicolas Calibnan Hilot
Name in Print: Nicolas Calibnan Hilot
Address: Dago, Maria, Neg. Or.

ATTENDANT AT BIRTH
d. DATE SIGNED BY ATTENDANT AT BIRTH:
e. TITLE OF ATTENDANT AT BIRTH: M. D. Midwife Others (Specify) Hilot

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
Signature: Narciso T. Lujan
Name in Print: Narciso T. Lujan
Title or Position: Local Civil Registrar
Date: April 23, 1965

21. a. GIVEN NAMES ADDED FROM SUPPLEMENTAL REPORT:
b. DATE WHEN GIVEN NAME WAS SUPPLIED: 3620

22a. LENGTH OF PREGNANCY: COMPLETED WEEKS
22b. WEIGHT AT BIRTH: Lbs. Oz. Yes No

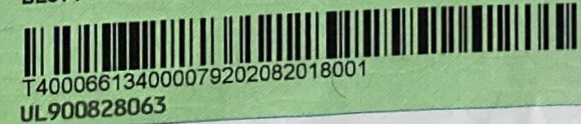
23. LEGITIMATE: Yes No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
Date: (Month) (Date) (Year)
City or Municipality: Province

25. THIS CERTIFICATE IS PREPARED BY:
Signature: BRACIO M. SONOGAN
Name in Print: BRACIO M. SONOGAN
Title or Position: Bookkeeper
Date: April 21, 1965

SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

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BReN [06104-A65HN01-7]
Documentary Stamp Tax Paid

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



AUTONOMOUS STATUS

# University of San Jose-Recoletos

Cebu City, Philippines

To all persons to whom these presents shall come

## Greetings

Be it known that

### Sherlyn Lois G. Rivera

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 Tourism

"Cum Laude"

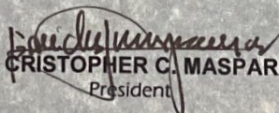
with all the rights, honors and privileges as well as obligations and responsibilities thereunto appertaining.

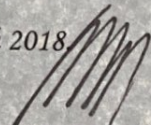
In testimony whereof affixed are the Corporate Seal of the University and signatures of the President, Dean and the Registrar.

Given at Cebu City, Philippines, this 24<sup>th</sup> day of March 2018.



  
DUINT N. LIM  
Registrar

  
REV. FR. CRISTOPHER C. MASPARA, OAR  
President

  
EDGAR R. DETOYA, CPA, D.M.  
Dean



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



16532468

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

NBI ID NO  
**R160KS3S79-SW625714**

FAMILY NAME  
**RIVERA**

MIDDLE NAME  
**GO**

ADDRESS  
**#748 TABADA STREET MAMBALING CEBU CITY**

DATE OF BIRTH  
**November 29, 1997**

CITIZENSHIP  
**FILIPINO**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO DEROGATORY RECORD**

VALID UNTIL  
**January 07, 2021**

FIRST NAME  
**SHERLYN LOIS**

HUSBAND'S SURNAME

PLACE OF BIRTH  
**CEBU CITY**

CIVIL STATUS  
**SINGLE**



SIGNATURE

GENDER  
**FEMALE**



Date Printed: Wednesday, January 22, 2020 11:45 AM

Agency SW DATID cantiverosp1  
CASID cantiverosp1 BIOID cantiverosp1  
O.R. No. JUAPVUA0 RECID vloy2  
O.R. Date 01/07/2020 10:41:07 AM INTID  
DST PAID PRPID ramoser



R160KS3S79-SW625714

*Dante A. Gierran*  
ATTY. DANTE A. GIERRAN, CPA  
Director



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



16532468

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

NBI ID NO  
**R160KS3S79-SW625714**

FAMILY NAME  
**RIVERA**

MIDDLE NAME  
**GO**

ADDRESS  
**#748 TABADA STREET MAMBALING CEBU CITY**

DATE OF BIRTH  
**November 29, 1997**

CITIZENSHIP  
**FILIPINO**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO DEROGATORY RECORD**

VALID UNTIL  
**January 07, 2021**

FIRST NAME  
**SHERLYN LOIS**

HUSBAND'S SURNAME

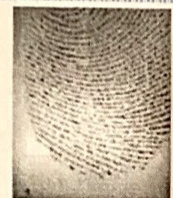
PLACE OF BIRTH  
**CEBU CITY**

CIVIL STATUS  
**SINGLE**



SIGNATURE

GENDER  
**FEMALE**



Date Printed: Wednesday, January 22, 2020 11:45 AM

Agency SW DATID cantiverosp1  
CASID cantiverosp1 BIOID cantiverosp1  
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O.R. Date 01/07/2020 10:41:07 A INTID  
DST PAID PRPID ramoser



R160KS3S79-SW625714

*Dante A. Gierran*  
ATTY. DANTE A. GIERRAN, CPA  
Director

**PERSONAL COPY**



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](http://www.usjr.edu.ph)

✉ [registrar@usjr.edu.ph](mailto:registrar@usjr.edu.ph)



AUTONOMOUS STATUS

April 28, 2018

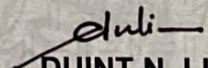
TO WHOM IT MAY CONCERN:

This is to CERTIFY that **MS. SHERLYN LOIS G. RIVERA** graduated from this University with the degree of **BACHELOR OF SCIENCE IN TOURISM (B.S.TOURISM) "CUM LAUDE"** on **March 24, 2018**.

This is to CERTIFY, FURTHER, that she is exempted from the requirement of Special Order (S.O.) for graduation having graduated from the University of San Jose-Recoletos, a PAASCU-accredited Private Higher Education Institution with **Full 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** purposes.

  
**DUINT N. LIM**  
University Registrar

NOT VALID WITHOUT  
SEAL





# 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**

**PAASCU ACCREDITED**

# OFFICIAL TRANSCRIPT OF RECORDS

**RIVERA**

( Last Name )

**SHERLYN LOIS**

( First Name )

**GO**

( Middle Name )

### PERSONAL DATA

Date of Birth : **November 29, 1997**

Place of Birth : **Cebu City, Cebu**

Religion : **Roman Catholic**

Parent : **Mr. Segundo Simeon T. Rivera**

Address : **748 Tabada St., Mambaling, Cebu City 6000 Cebu**

Cell #: **0933-0269636**

Tel. #: **(032) 260-8660**

Email Address : **riverasherlynlois@gmail.com**

Gender : **Female**

Civil Status : **Single**

Citizenship : **Filipino**

ACR No :

Date Issued:



### PRELIMINARY EDUCATION

Elementary : **University of Cebu**

Year Completed: **2009-2010**

Secondary : **University of Cebu**

Year Completed: **2013-2014**

Entrance Credential(s) to College: **F137-A, F138**

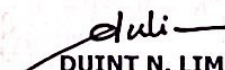
### [ GRADING SYSTEM ]

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
3.1 - 4.0		Conditioned ( valid for prelim and mid-term only )
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.

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**DUINT N. LIM**  
University Registrar



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**AUTONOMOUS STATUS**

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## OFFICIAL TRANSCRIPT OF RECORDS

**RIVERA**

( Last Name )

**SHERLYN LOIS**

( First Name )

**GO**

( Middle Name )

Course No.	Descriptive Title	Final Grade	Removal Grade	Credit Units
<b><u>1st Semester 2014-2015</u></b>				
<b><u>B.S.TOURISM - 1</u></b>				
CWTS 11*	Civic Welfare Training Services 11	1.80		3.0
English 1	Study and Thinking Skills	1.30		3.0
Filipino 1	Sining ng Pakikipagtalastasan	1.90		3.0
Guidance 1	Adjustment to College Life (Phase 1)	1.20		0.0
Nippongo 1	Basic Nippongo	1.30		3.0
P.E. 1*	Physical Fitness	1.10		2.0
ReEd 1	Revelation and Faith	1.60		3.0
TC 101	Principles of Tourism	1.50		3.0
TC 102	Domestic Tourism with Familiarization Tour	1.20		3.0
TS 101	Interpersonal Skills for Travel and Tourism	1.20		3.0
<b><u>2nd Semester 2014-2015</u></b>				
<b><u>B.S.TOURISM - 1</u></b>				
CWTS 12	Civic Welfare Training Services 12	1.30		3.0
English 2	Writing in the Discipline	1.70		3.0
Filipino 2	Pagbasa't Pagsulat sa Iba't-Ibang Disiplina	1.20		3.0
Guidance 2	Adjustment to College Life (Phase 2)	1.20		0.0
Humanities	Art Appreciation	2.00		3.0
KB 1	Basic Keyboarding	1.40		3.0
P.E. 2*	Rhythmic Activities	1.40		2.0
ReEd 2	Christology	1.70		3.0
TS 102	Geography of Travel and Tourism with Flight Itinerary Planning	2.00		3.0
* COMPLETED NSTP COURSE WITH SERIAL # C-07-006278-15				
<b><u>Summer 2015</u></b>				
<b><u>B.S.TOURISM - 1</u></b>				
Chinese 1	Basic Chinese	1.00		3.0
E.S.	Environmental Science	2.20		3.0
TS 103	Emergency Procedures for Tourism Industry Workers	2.10		3.0
<b><u>1st Semester 2015-2016</u></b>				
<b><u>B.S.TOURISM - 2</u></b>				
English 3	Speech Improvement and Oral Communications	1.60		3.0
Math A	Basic & Business Mathematics	1.80		3.0

Page 1 of 4


Purpose : **For Employment**

Date Issued : **April 28, 2018**

Checked By : **Rolando S. Mantalaba**

Prepared By : **Violeta P. Lucañas**

Not Valid Without  
Official USJ-R  
Seal

  
**DUINT N. LIM**  
University Registrar





# University of San Jose-Recoletos

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AUTONOMOUS STATUS

PAASCU ACCREDITED

## OFFICIAL TRANSCRIPT OF RECORDS

**RIVERA**

( Last Name )

**SHERLYN LOIS**

( First Name )

**GO**

( Middle Name )

Course No.	Descriptive Title	Final Grade	Removal Grade	Credit Units
<b>B.S.TOURISM - 2</b>				
<u>1st Semester 2015-2016</u>				
P.E. 3*	Individual/Dual Sports/Games	1.70		2.0
ReEd 3	Church and Sacraments	1.20		3.0
Sanitation	Principles of Safety, Hygiene and Sanitation	2.00		3.0
TC 104	Ecotourism	1.70		3.0
TC 105	Tourism Asia with Familiarization Tour	1.60		3.0
TM 101	Principles of Management for TOE's	1.70		3.0
TS 104	Reservation & Ticketing with CRS 1	2.00		3.0
<b>B.S.TOURISM - 2</b>				
<u>2nd Semester 2015-2016</u>				
P.E. 4*	Team Sports/Games	1.40		2.0
Practicum 1	Travel Agency Phase	1.50		6.0
ReEd 4	Christian Morality	1.20		3.0
Tour 2	Principles of Tourism 2	1.40		3.0
TS 106	Tour Packaging & Costing	1.30		3.0
TS 107	Professional Tour Guiding & Directing	1.90		3.0
<b>B.S.TOURISM - 2</b>				
<u>Summer 2016</u>				
Hos Acctg	Business Accounting for Hospitality and Tourism	1.30		3.0
TM 102	Tourism & Hospitality Property Development Principles	1.70		3.0
Tour Arts	Culinary Arts and Science	1.40		3.0
<b>B.S.TOURISM - 3</b>				
<u>1st Semester 2016-2017</u>				
English 7	Business English Correspondence	1.30		3.0
HBO 105	Human Behavior in Organization	2.20		3.0
Pol Sci 1	Philippine History, Government and Constitution	1.40		3.0
Span 1	Elementary Spanish	1.00		3.0
TC 106	Tourism Laws & Regulation	1.70		3.0
TM 103	Travel Agency Operations Management with CRS 2	1.40		3.0
TM 104	Meetings, Incentives, Convention, Exhibitions Management	1.30		4.0
Tour Psych	Consumer Psychology for Tourism, Hospitality and Leisure Industries	1.80		3.0

Purpose : **For Employment**

Page 2 of 4

Date Issued : **April 28, 2018**

Checked By : **Rolando S. Mantalaba**

Prepared By : **Violeta P. Lucañas**

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University Registrar



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# 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

**RIVERA**

( Last Name )

**SHERLYN LOIS**

( First Name )

**GO**

( Middle Name )

Course No.	Descriptive Title	Final Grade	Removal Grade	Credit Units
<b><u>B.S.TOURISM - 3</u></b>		<b><u>2nd Semester 2016-2017</u></b>		
Chinese 2	Conversational Chinese	1.00		3.0
Lit 1	The Literatures of the Philippines	1.20		3.0
Math D	Business Statistics with Demography	1.10		3.0
TC 107	Tourism Planning, Development and Control	2.00		3.0
TC 108	Travel Journalism	1.50		3.0
TM 106	Introduction to Transportation Management	2.30		3.0
TM 107	Leisure and Attractions Management	1.30		3.0
TM 108	Principles of Marketing	2.50		3.0
<b><u>B.S.TOURISM - 3</u></b>		<b><u>Summer 2017</u></b>		
So An	Sociology and Anthropology (including Family Planning)	1.40		3.0
TC 109	Total Quality Management	2.70		3.0
Tour Econ	Economics for Tourism & Hospitality with Taxation and Agrarian Reform	1.80		3.0
<b><u>B.S.TOURISM - 4</u></b>		<b><u>1st Semester 2017-2018</u></b>		
HRM	Human Resource Management for TOES	1.40		3.0
Philo 1	Logic	1.50		3.0
Rizal	Life, Works & Writings of Dr. Jose Rizal	1.80		3.0
TC 110	Tourism Research 1	2.50		3.0
TC 111	World Tourism with Familiarization Tour	1.60		3.0
TM 109	Tourism Impact and Sustainability	1.60		3.0
TM 110	Introduction to Airline Operations w/ CRS 3	1.70		3.0
TM 111	Cruise Sales Management	1.30		3.0
Tour Mktg	Tourism Marketing	1.70		3.0
<b><u>B.S.TOURISM - 4</u></b>		<b><u>2nd Semester 2017-2018</u></b>		
History 2	World History	1.20		3.0
Pract 2 - Tour	Travel Industry Practice 2 (300 hrs.)	1.60		6.0
TC 112	Research 2	1.30		6.0
TC 113	Introduction to Museum Curatorship	1.60		3.0

Purpose : **For Employment**

Page 3 of 4

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**SHERLYN LOIS**  
( First Name )

**GO**  
( Middle Name )

Course No.	Descriptive Title	Final Grade	Removal Grade	Credit Units
<b>B.S.TOURISM - 4</b>	<b>2nd Semester 2017-2018</b>			
Tour C-Ex	Tourism and Hospitality Corporate Expansion Practices	2.30		3.0

### GRADUATED - CUM LAUDE

#### BACHELOR OF SCIENCE IN TOURISM

( B.S.TOURISM )

March 24, 2018

FULL AUTONOMOUS STATUS

EXEMPTED FROM

SPECIAL ORDER

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

Purpose : **For Employment**

Page 4 of 4

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