

School Letterhead

CERTIFICATION

This is to certify that Mr./Ms. Full Name of Applicant has taught the following subjects at the College/Department/Faculty of _____ of the Name of College/University and short address from year started to year:

School Year	Semester	Subjects/Courses Taught		Course	Year	Lecture Units	Laboratory Units
		Subject/Course Title & Subject/Course No. or Code	Subject/Course Description				
SY1-SY2 e.g. 2008-2009	1 st Semester	e.g. Applied Physics 187 - Photonics	Design of Data Acquisition Systems (DAQ)/Digital Signal Processing (DSP)-based instrumentation systems; current topics and techniques for engineering optical instruments; non-destructive testing/measurement using optical methods; interferometry	B.S. Applied Physics			
	2 nd Semester						
	Summer						
SY-SY	1 st Semester						
	2 nd Semester						
SY-SY	1 st Semester						
	2 nd Semester						
SY-SY	1 st Semester						
	2 nd Semester						

Total No. of Continuous Teaching Years: _____

This is to certify further, that the subjects herein listed are academic in nature, leading to completion of an academic degree (Bachelor's degree or higher). This Certification is issued for purposes of evaluation by the Presidential Decree No. 997 (PD 997) Committee of the application of Ms./Mr. Full Name of Applicant for the grant of Scientific and Technological Specialist eligibility pursuant to PD 997.

Full Name and Signature
Dean of the College

Day Month Year
Date Issued

This certification must be dry-sealed.