UNIVERSITY OF SCIENCE AND TECHNOLOGY OF SOUTHERN PHILIPPINES

Alubijid | Balubal | Cagayan de Oro | Claveria | Jasaan | Oroquieta | Panaon | Villanueva

GUIDANCE AND COUNSELING SERVICES

CERTIFICATE OF COUNSELING/PSYCHOSOCIAL SUPPORT SESSION

Date: _____

This is to certify that **Mr./Ms**. _____ **(Name of Student)**, a_____ **(Course/Strand & Year/Grade Level)** has undergone session/s of counseling/psychosocial support on _____**(Date/s)** at _____ am/pm with the undersigned Guidance Counselor/Advocate.

_____

Signature Over Printed Name of Guidance Counselor/Advocate