



UNIVERSITY OF SANTO TOMAS
OFFICE OF THE SECRETARY-GENERAL

STUDENT AWARDS LOCAL SCREENING COMMITTEE FORM
AY _____ - _____

To: The University Student Awards Committee

We are pleased to submit the following composition of the Screening Committee of the Faculty/College _____:

	Printed Name	Designation	Specimen Signature
Chair		SWDC	
Member		Student Council Adviser	
Member		Adviser, <hr/> <i>(name of student organization)</i>	

Thank you.

Sincerely,

Printed Name and Signature

Designation

Endorsed by:

Printed Name and Signature of Dean/ Principal / Director

UST:S006-00-FO28

