To the SCALE Coordinator:

This is to certify that the following students have satisfactorily completed the SCALE Program by accomplishing their planned activities and demonstrating the desired learning outcomes within the specified period of time.

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| Name of Student | No. of SCALE Activities Implemented | Final Date of Completion of SCALE Activities | Remarks |
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This is to certify that the following student/s failed to complete the SCALE Program by not accomplishing the planned activities and/or demonstrating the desired learning outcomes within the specified period of time.

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| Name of Student | No. of SCALE Activities Implemented | Unachieved Learning Outcomes1 | Strands Not Undertaken2 | Remarks |
| 1. |  |  |  |  |
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**1** O1 = Increased awareness of their own strengths and areas for growth

 O2 = Undertaken new challenges

 O3 = Introduced and managed activities

 O4 = Contributed actively in group activities

 O5 = Demonstrated perseverance and commitment in their activities

 O6 = Engaged with issues of global importance

 O7 = Reflected on the ethical consequence of their actions

 O8 = Developed new skills

**2** S = Service, C = Creativity, A = Action, L = Leadership

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Name and Signature of SCALE Adviser Date of Submission