

**PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM
ALTERNATE QUALIFIERS MONITORING FORM
NCE**

CAMPUS: _____

| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 | NAME OF ALTERNATE QUALIFIER | DATE CALLED | TIME CALLED | WHO MADE THE CALL | RESPONSE TO SCHOLARSHIP | | REASONS IF DECLINING | REMARKS |
|---|-----------------------------|-------------|-------------|-------------------|-------------------------|----------|----------------------|---------|
| | | | | | ACCEPTING | DECLINED | | |
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SUMMARY:

| NO. OF PRINCIPAL QUALIFIERS WHO ARE | NO. OF ALTERNATE QUALIFIERS WHO ARE |
|-------------------------------------|-------------------------------------|
| ACCEPTED | ACCEPTED |
| DECLINED** | DECLINED |

** NOTE: The reasons given for declining should be summarized and submitted to the OED for data gathering purposes.

Prepared by: _____ Noted: _____

REGISTRAR _____ Date: _____

CAMPUS DIRECTOR _____ Date: _____