



REPORT OF GRADE COMPLETION

O.R.#	_____
Date	_____
Amount P	_____

	Date	Signature
Posted in:		
Stud. Perm Rec	_____	_____
Grade Sheet	_____	_____
Form 19	_____	_____
Computer	_____	_____

<i>Date Issued</i>	:	_____	<i>Valid Until:</i>	_____	<i>Issued by:</i>	_____
<i>Incomplete Grades Obtained</i>	:	_____				
<i>Course No. and Descriptive Title:</i>	_____				<i>Unit:</i>	_____
<i>Name of Professor</i>	:	_____			<i>Department/Division:</i>	_____
<i>College (where subjects belong)</i>	:	_____				

Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
	Family Name	First Name	Middle Name				
Submitted by:				Approved :		Received by:	
_____ <i>Instructor/Professor's</i> Signature Over Printed Name Date: _____				_____ <i>Department Head</i> Signature Over Printed Name Date: _____		_____ <i>Registrar's Office</i> Signature Over Printed Name Date: _____	
Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head							