



REPORT OF GRADE COMPLETION

O.R. #	<u>0690649</u>
Date	<u>08-13-2024</u>
Amount	<u>100.00</u>

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

Date Issued	: <u>08-13-2024</u>	Valid Until: <u>Summer SY: 2023-2024</u>	Issued by: <u><i>[Signature]</i></u>
Incomplete Grades Obtained	: <u>Summer SY: 2022-2023</u>		
Course No. and Descriptive Title:	<u>Practicum - Skills Development</u>		Unit: <u>6</u>
Name of Professor	: <u>Michelle Aubrey Cabase</u>	Department/Division:	<u>DOE</u>
College (where subjects belong)	: <u>College of Agriculture and Food Sciences</u>		

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				
<u>23-1-04005</u>	<u>Pio</u>	<u>Rose Ann</u>	<u>Samuele</u>	<u>BSA-2</u>	<u>COD 8 summer Practicum</u>	<u>2.25</u>	<u>Passed</u>
Submitted by:				Approved:		Received by:	
<u><i>[Signature]</i></u> <u>Michelle Aubrey Cabase</u> Instructor/Professor's Signature Over Printed Name Date: _____				<u><i>[Signature]</i></u> <u>Zyra May H. Dentino</u> Department Head Signature Over Printed Name Date: <u>8/14/2024</u>		_____ Registrar's Office Signature Over Printed Name Date: _____	
Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head							