

OFFICE OF THE UNIVERSITY REGISTRAR

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REPORT OF GRADE COMPLETION

O.R.# Date Amount P		Posted in: Stud. Perm Rec Grade Sheet Form 19 Computer	ate Signature
•	: July 18, 2022 Valid Until:		
Name of Professor College (where subjects belong)	: LOREME S. CAGANDE Departmen : COLLEGE OF AGRICULTURE AND FOOL	t/Division: <u>AGRONOM</u> D SCIENCE	<u>// / </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				
19-1-02411	AREVALO	JULIO LUVINZ	GALENZOGA	BSA 2	AgSc 20	2.25	PASSED
Submitted by:		Approved by: Rece			eceived by:		
LOREMES. CAGANDE		RUTH O. ESCAS	7				
Instructor/Professor's		Department Head		Registrar's Office			
Signature Over Printed Name Date: 18,2022		Signature Over Printed Name Date:		Signature Over Printed Name Date:			

Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head