

## OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

1/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Telefax: +63 53 563 7067 or 563 7428; Local 1010

Email: registrar@vsu.edu.ph Website: www.vsu.edu.ph

## REPORT OF GRADE COMPLETION

O.R.# Date Amount P		Posted in: Stud. Perm Rec Grade Sheet Form 19 Computer					
Date Issued	:Valid Until:	Issued by:					
Incomplete Grades Obtained :2 <sup>nd</sup> sem 2021 - 2022							
Course No. and Descriptive Title: AGRO215 (Applied Field Crop Physiology) Unit: 3							
Name of Professor	: <u>Dr. Ruth O. Escasinas</u> Departn	nent/Division: Agronomy					
College (where subjects belong) : College of Agriculture and Food Science							

Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
Family Name	First Name	Middle Name				
	MARIA		MS-			
LOREÑO	CRISTIN	ALAPAN	SS 2	AGRO215	2.00	Passe
Submitted by:		Approved:		Received by:		
yman		Wiran				
Instructor/Professor's Signature Over Printed Name Date: 16 21/22		Department Head Signature Over Printed Name Date: 10/21/22		Registrar's Office Signature Over Printed Name Date:		
	Family Name  LOREÑO  y:  HO. ESCASINAS  tructor/Professor's	Family Name  First Name  MARIA  CRISTINA  Y:  HO. ESCASINAS  tructor/Professor's	Family Name  First Name  MARIA  LOREÑO  CRISTINA  ALAPAN  Approved:  HO. ESCASINAS  tructor/Professor's  Middle Name  RUTH O. ESCASINAS  Department Head	Family Name  First Name  MARIA  LOREÑO  CRISTINA  ALAPAN  MS- SS 2  Approved:  MUTAL  H O. ESCASINAS tructor/Professor's  Mame  Middle Name  MS- SS 2  Approved:  RUTH O. ESCASINAS Department Head	Name of Student (Note: Good for one student only.)  Earnily Name  First Name  MARIA  LOREÑO  CRISTINA  ALAPAN  MS- SS 2  AGRO215  Approved:  Received by  H O. ESCASINAS  tructor/Professor's  Received by	Name of Student (Note: Good for one student only.)  Family Name  First Name  MARIA  LOREÑO  CRISTINA  ALAPAN  Approved:  MARIA  LOREÑO  CRISTINA  ALAPAN  SS 2  AGRO215  Approved:  Received by:  Registrar's Office

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



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## REPORT OF GRADE COMPLETION

O.R.# Date Amount P		Stud. Pe Grade S Form 19 Comput	heet		_
Course No. a	nd Descriptive Title: AGRO214 (Physiological Aspects of Cro	op Produc ent/Divisio		Unit: <u>3</u>	
Stud. No.	Name of Student (Note: Good for one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
09-1-00248	Family Name First Name Middle Name  MANGUILIMOTAN EMN ALSONADO	MS- SS 2	AGRO214	1.50	Passed
Submitted b	y: Approved:		Received by	<i>:</i>	

RUTH O. ESCASINAS

Department Head

Signature Over Printed Name

Date: 10/2/23

Vision: Mission:

**RUTH O. ESCASINAS** 

Instructor/Professor's Signature Over Printed Name

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

Date: 10/21/22

Registrar's Office

Signature Over Printed Name

Date: \_