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OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

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REPORT OF GRADE COMPLETION

O.R.# Date Amount P		Stu Gra For	sted in: d. Perm Rec ade Sheet m 19 mputer		
Date Issued	: Valid Until:		_ Issued by: _		
Course No. a	Ma (I)		_Department	t/Division:	
Stud. No.	Name of Student (Note: Good for one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
18-1-02157	Family Name First Name Middle Name CIARD CHEEN MAE CASIAN	bury-ux	CHEM 120 P075	2.50	PASSED
	Approved: Approved: Approved: Approved: Approved: Approved: Approved: Approved: Department: Signature Over Printed Name Date: 01/20/2022 Date: 1/20/2022	S. QUEWENO Head nted Name	Received by: MARWEN A CASTANE DA Registrar's Office Signature Over Printed Name Date:		