



REPORT OF GRADE COMPLETION

O.R.# _____
Date _____
Amount P _____

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

Date Issued _____ Valid Until: _____ Issued by: _____



Incomplete Grades Obtained : 2nd Sem 2021-2022

Course No. and Descriptive Title: AGRO244 Advanced Cropping System Unit: 3

Name of Professor : ED ALLAN L. ALCOBER Department/Division: Agronomy

College (where subjects belong) : COLLEGE OF AGRICULTURE AND FOOD SCIENCE (CAFS)

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				
20-1-01632	ESTOLORA,	RINA	ESTOLANO	MS-2	Agro 244	1.75	Passed

Submitted by:  <u>ED ALLAN L. ALCOBER</u> Instructor/Professor's Signature Over Printed Name Date: <u>9/28/2022</u>	Approved :  <u>RUTH O. ESCASINAS</u> Department Head Signature Over Printed Name Date: <u>9/29/22</u>	Received by: <u>Registrar's Office</u> Signature Over Printed Name Date: _____
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Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head