

## OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

1/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Telefax: +63 53 563 7067 or 565 0600; Local 1010

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

## REPORT OF GRADE COMPLETION

O.R.# Date Amount P			
Incomplete Grades Obtained : 2nd			
Course No. and Descriptive Title:  Name of Professor :  College (where subjects belong) :	MERVIN JUNE B. GASATAN	_ Department/Division: _	
Ollege (where subjects belong)OOLL	EGE OF AINTO AIND SOILINGES		

Stud. No.	Name of Stu	dent (Note: Good fo	or one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
21-1- 02179	Family Name BAÑOC	First Name MISSY	Middle Name LUMAKIN	BSFT-1	ScTS 11c	1.00	PASSED
Submitted M	by:	SATAN	Approved:  Ohuse  DR. ELIZABETH		Received by:		
Instructor/Professor's Signature Over Printed Name Date:		Department Head Signature Over Printed Name Date: 05 2020		Registrar's Office Signature Over Printed Name Date:			

Vision: Mission: