

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.#	<u>. c</u>		Posted in: Stud. Perm Rec Grade Sheet Form 19		
Amount P			Computer		
Date Issued	:_July 8, 2022	Valid Until:	Issued by:		
Incomplete Grades Obtain	ed : 1st Semester A.	7. 2021-2022	-		
Course No. and Descriptive	e Title: Chem 137.1- B	OCHEMISTRY 1 (La	aboratory)	Unit:1_	
Name of Professor	:_NOREVE JEAN	M. AGAD	Department/Division: _[DoPAC	
College (where subjects be	long): _COLLEGE OF /	ARTS AND SCIENCE	S		

Stud. No.	n. Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completi on	Remarks
	Family Name	First Name	Middle Name				
20-1- 01 44 6	SARABIA	EPHRAIM PHILIPPE	MORADOS	BSBiotech -IB 2	R284/Chem 137.1	2.25	PASSED
ubmitted	by:		Approved:		Received by:		

Instructor/Professor's Signature Over Printed Name Date: July 8, 2022

ELIZABETH S. QUEVEDO Department Head

Signature Over Printed Name
Date: 7 8 20 22 Date: 7

Registrar's Office Signature Over Printed Name Date:

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



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Posted in:

REPORT OF GRADE COMPLETION

O.R.# Date Amount P				The second second	-		
		: _July 8, 2022 : _1 st Semester A. Y tle: <u>Chem 115.2 – PR</u>	. 2021-2022	_			
	essor e subjects belong)	:_NOREVE JEAN I			nt/Division: <u>D</u>	oPAC	
Stud. No.	Name of Stud	dent (Note: Good for one	student only.)	Course & Year	Course No./ Subject	Grade Upon Comple tion	Remarks

Stud. No.	l. No. Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Comple tion	Remarks
	Family Name	First Name	Middle Name				
21-1- 02096	CAñETE	ADRIAN	BUSTILLO	BSBiotech -IB 1	R026/Chem 115.2	1.25	PASSED
Submitted by:		Approved:		Received by:			
N	OREVE JEAN M.	AGAD	ELIZABETH S.	QUEVEDO			
	Instructor/Profess gnature Over Printed Date: Uklij 8, 2	or's d Name	Departmer Signature Over F	nt Head Printed Name		gistrar's Offi Over Printe	

Date: _

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