

OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

1/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Tel: +63 53 565 0600 local 1010 Email: registrar@vsu.edu.ph Website: www.vsu.edu.ph

REPORT OF GRADE COMPLETION

	Posted in:	-
	Stud. Perm Rec	
O.R.# / 78021917	Grade Sheet	
Date / 13-MAR-23	Form 19	
Amount ₱25.00	Computer	

Date Issued : JId20		Issued by:
Course No. and Descriptive Title: CHEM 141	1.1 QUALITATIVE CHEM (LAB)	Unit: 1.0
	E OF ARTY AND VCIENCES (C	

Stud. No.	Stud. No. Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
21-1-02857	Family Name	First Name	Middle Name	BSFT -	CHEM 141-1	3.00	PASSE
Submitted by	W.P.	Approved			Received by:		
Instructor/Professor's Signature Over Printed Name Date: 05/10/2013		Signat	Department Head Signature Over Printed Name Date:		Registrar's Office Signature Over Printed Name Date:		

Vision: Mission: A globally competitive university for science, technology, and environmental conservation. Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.

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No. 23-125





DEPARTMENT OF PURE AND APPLIED CHEMISTRY

Visca, Baybay City, Leyte, PHILIPPINES Telefax: 053-563 0600 local 1032 Email: dopac@vsu.edu.ph Website: www.vsu.edu.ph

Date Signature

REPORT OF GRADE COMPLETION

	Posted in:
D.R.# _0653427	Stud. Perm Rec
Date 05/11/23 Amount PUP25	Form 19 Computer
Amount 170 25	

Date Issued	: 05/18/23	Valid Until:	J.Y. 2021-2025	Issued by:	
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Incomplete Grades Obtained : S.Y 2021 - 2022 (2nd Sem)

Course No. and Descriptive Title: POS7 / Chem 141.1 Qualitative Unit: 31.0

College (where subjects belong) : College of Arts and Sciences

Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks	
21-1-02819	Family Name	Fii Gerald	rst Name	Middle Name Dagatan	Batt-11	KOST Chem (41.1) Qualitative Chemistry	3.00	PASSEL
Submitted by	AKHAR PALAS		Approve			Received by:		
Instructor/Professor's Signature Over Printed Name Date: 05/10/2023		Department Head Signature Over Printed Name Date:		Registrar's Office Signature Over Printed Name Date:		Name		

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