INSTRUCTIONS:

Date Issued

- ✓ Please use BLUE ballpen.
- ✓ Please AVOID erasures.
- ✓ If erasure cannot be avoided, please DO NOT use correction tape/fluid in erasing. Just strikethrough the text and write the correct text on top and countersigned by the one making the erasure as shown in the image below:

graduate choice

O.R. #	0694066
Date	09-02-2024
Amount	100.00

UNIVERSITY REGISTRAR

1/F Administration Building Visca, Baybay City, Leyte Telefax: +63 53 563 7067; +63 53 565 0600 local 1010 Email:registrar@vsu.edu.ph Website: www.vsu.edu.ph

RADE COMPLETION

: 09-02-2024 Valid Until: Summer SY: 2024-2025 Issued by: 79 delle

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

Incomplete G	rades Obtained	Summer SY: 2023-2024				
Course No. a	nd Descriptive Title	: Summer Practicum - 5	KILLS D	EVELOPEMEN	NT_Unit:6	
Name of Profe	essor	: WEHCES REY BASILAD	DELA PEÑ		Division:	
College (when	e subjects belong)	e 10 0 1	ulture	0	Food scie	1100
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Stud. No.	Name of Stude	ent (Note: Good for one student only.)	Course & Year	Course No./ Subject	Grade Upon	Remarks
Stud. No.	Name of Stude Family Name CIABU	ent (Note: Good for one student only.) First Name Middle Name DA VE MATTHEW ORACIO	& Year	Subject		Remarks
	Family Name CIABU		& Year	Subject	3.00	

Department Head

Signature Over Printed Name

Date: _

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

Instructor/Professor's

Signature Over Printed Name

Date: _

Registrar's Office

Signature Over Printed Name

Date: _____