



REPORT OF GRADE COMPLETION

O.R.# _____
Date _____
Amount P 25.00

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

Date Issued : _____ Valid Until: _____ Issued by: _____
Incomplete Grades Obtained : _____
Course No. and Descriptive Title: _____ Unit: _____
Name of Professor : _____ Department/Division: DMet
College (where subjects belong) : College of Engineering and Technology

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				

Submitted by:

Instructor/Professor's
Signature Over Printed Name
Date: _____

Approved :

CHARLIE S. ANDAN
Department Head
Signature Over Printed Name
Date: _____

Received by:

MARWEN A. CASTAÑEDA
Registrar's Office
Signature Over Printed Name
Date: _____

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