

OFFICE OF THE UNIVERSITY **REGISTRAR**

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Date Signature

REPORT OF GRADE COMPLETION

Stud. No.	Name of Stud	lent (Note: Good for one student only.)	Course & Year	Course No./ Subject	Grade Upon	Remarks
College		:COLLEGE OF ARTS AND	SCIENCES			
Name of Pro	fessor	: Cherry N. Rola	Depart	ment/Division: <u>l</u>	DLABS	
Course No. a	and Descriptive Ti	tle: EZST 106 - Semantic	as of 1	Emplish u	nit:3	
Incomplete G	Grades Obtained	: 154 Sem. A. Y. 2021	- 2022			
Date Issued			Intil: Issued by:			
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JETT C. QUEBEC

Department Head

Signature Over Printed Name

Date: __

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

Approved:

Instructor/Professor's

Signature Over Printed Name

Date: 2/16/22

Submitted by:

Vision: Mission: No:2021-

Registrar's Office

Signature Over Printed Name

Date: ___

Received by: