

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.# Date Amount ₱					Posted in: Stud. Perm Rec Grade Sheet Form 19 Computer		
Date Issued		·	Valid Until:		Issued by:		
Incomplete G	rades Obtained	1st Se	mester SY 2020-2021				
Course No. a	nd Descriptive Title	PhSc 1	115- Fluid Mechanics			Unit: <u>3.0</u>	-
Name of Insti	ructor	REVR	RHIZZA L. AURE		Department	//Division:	DPhys
College (wher	re subjects belong)	: COLL	EGE OF ARTS AND SC	IENCES			
							~
Stud. No.	Name of Studer	nt (Note: (Good for one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
	Family Name	First Nar	me Middle Name				
19-1-02116	BURDIOS,	HAID		BSED- Sci 2	PhSc 115	2.00	PASSED
Submitted by	9		Approved :		Received by:		
Instru Signature	RHIZZA L. AURE actor/Professor's e Over Printed Name ecember 10, 2021		MA. THERESA P. I Department Head/ C Signature Over Print Date:	AS Dean ed Name	Signature	nistrar's Office Over Printed N	

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



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Date Issued				Issued by:		
		: 1st Semester SY 2020-2021				
Course No. a	nd Descriptive Titi	e: PhSc 115- Fluid Mechanics			Unit: <u>3.0</u>	_
Name of Instr	ructor	REV RHIZZA L. AURE		Departmen	nt/Division: <u>l</u>	DPhys
College (when	re subjects belong)	: COLLEGE OF ARTS AND SCIE	NCES			
Stud. No.	Name of Stud	ent (Note: Good for one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks

Stud. No.	Name of Student (No	te: Good for	one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
	Family Name First	Name	Middle Name				
19-1-00327	SABENORIO, KRISTI	NE JOY	ARGALLON	BSED- Sci 2	PhSc 115	1.75	PASSED
Submitted by	•	Appro	ved :		Received by:		<u> </u>
REV	RHIZZA L. AURE	M	A. THERESA P. I	ORETO			
Instructor/Professor's Signature Over Printed Name Date: December 10, 2021		Department Head/ CAS Dean Signature Over Printed Name Date:			gistrar's Office Over Printed N	Name	



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Incomplete	Grades Obtained	1st Semester	SY 2020-2021				
Course No.	and Descriptive T	itle: <u>PhSc 115- Flu</u>	uid Mechanics			Unit: <u>3.0</u>	_
Name of Ins	structor	REV RHIZZA	L. AURE		Departmen	nt/Division:)Phys
College (who	ere subjects belong)	: COLLEGE O	F ARTS AND SCIE	NCES			
Stud. No.	Name of Str	udent (Note: Good fo	r one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
	Family Name	First Name	Middle Name				

Stud. No.	Name of S	Student (Note: Go	ood for one student only.)	& Year	Subject	Completion	Remarks
	Family Name	First Name	Middle Name				
19-1-00427	DIAZ,	JOSE JOV	Y NOVIA JR	BSED- Sci 2	PhSc 115	1.50	PASSED
Submitted by	:	A	Approved :		Received by:		
	91						
REV	RHIZZA L. AUI	RE	MA. THERESA P.	LORETO		alatanda Offica	
Signature	<i>uctor/Professor's</i> e Over Printed N December 10, 20	ame	Department Head/ O Signature Over Print Date:		Signature	gistrar's Office e Over Printed I :	Name

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



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Course No. a	and Descriptive Tit	le: <u>PhSc 115- Flu</u>	id Mechanics			Unit: <u>3.0</u>	_
Name of Inst	tructor	: REV RHIZZA	L. AURE	**********	Departmen	t/Division:)Phys
College (whe	ere subjects belong)	: COLLEGE OF	F ARTS AND SCIE	NCES	5		
Stud. No.	Name of Stud	dent (Note: Good for	one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
A	Family Name	First Name	Middle Name				

Name of	Student (Note: Good	tor one student only.)	& Year	Subject	Completion	Remarks
Family Name	First Name	Middle Name				
DIAZ,	JOSE JOVY	NOVIA JR	BSED- Sci 2	PhSc 115	1.50	PASSE
<i>/</i> :	App	roved :		Received by:		
/				Reg	gistrar's Office	
re Over Printed N	lame	(4. C				Name —
	Family Name DIAZ, PHIZZA L. AU ructor/Professor's re Over Printed N	Family Name First Name DIAZ, JOSE JOVY App PHIZZA L. AURE ructor/Professor's re Over Printed Name	Family Name First Name Middle Name DIAZ, JOSE JOVY NOVIA JR Approved: Approved: Approved: MA. THERESA P. Department Head/ Osignature Over Printed Name	Family Name First Name Middle Name DIAZ, JOSE JOVY NOVIA JR BSED- Sci 2 Approved: RHIZZA L. AURE Fuctor/Professor's The Over Printed Name MA. THERESA P. LORETO Department Head/ CAS Dean Signature Over Printed Name	Family Name First Name Middle Name DIAZ, JOSE JOVY NOVIA JR BSED- Sci 2 PhSc 115 Approved: Received by: RHIZZA L. AURE TO Department Head/ CAS Dean Signature Over Printed Name Received by: Received by:	Family Name First Name Middle Name DIAZ, JOSE JOVY NOVIA JR BSED- Sci 2 PhSc 115 1.50 Approved: RHIZZA L. AURE Fructor/Professor's The Over Printed Name Signature Over Printed Name Registrar's Office Signature Over Printed Name