



REPORT OF GRADE COMPLETION

O.R.# _____
Date _____
Amount P _____

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

Date Issued : _____ Valid Until: _____ Issued by: _____

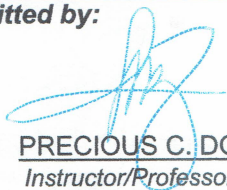

Incomplete Grades Obtained : 2nd Semester 2020-2021

Course No. and Descriptive Title: NSTP 12 c- Civic Welfare Training Service Unit: 3

Name of Professor : PRECIOUS C. DOMINGO Department/Division: CWTS

College : NSTP

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				
20-1-01880	DONAYRE ,	PAOLO	CABINTOY	BPED I	NSTP 12c	2.50	PASSED

Submitted by:  PRECIOUS C. DOMINGO Instructor/Professor's Signature Over Printed Name Date: _____	Approved :  JOY A. BELLEN Department Head Signature Over Printed Name Date: _____	Received by: _____ Registrar's Office Signature Over Printed Name Date: _____
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Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head