

OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

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REPORT OF GRADE COMPLETION

Name of Profes	sor : <u>Jaedo Glenn Janualin</u> subjects belong) : <u>College</u> of Arts 2 50	Departme ciences	nt/Division: <u>V</u>	<u> </u>	
Stud. No.	Name of Student (Note: Good for one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks

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