



REPORT OF GRADE COMPLETION

O.R.# 7802203
 Date 3/13/23
 Amount P 50-

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

Date Issued : 3/13/23 Valid Until: _____ Issued by: _____
 Incomplete Grades Obtained : 2nd sem 2021-2022
 Course No. and Descriptive Title: Agro 115E - Field Crop Physiology Unit: 3.0
 Name of Professor : Dr. Ruth O. Escasinas Department/Division: DA
 College (where subjects belong) : CATS

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				
21-2-00028	Juella	Ana Marie	Tambis	MAgriSci 2nd 1	Agro 115E Field Crop Physiology	2.25	passed
Submitted by:				Approved :		Received by:	
 <u>RUTH O. ESCASINAS</u> Instructor/Professor's Signature Over Printed Name Date: <u>3/13/23</u>				 <u>RUTH O. ESCASINAS</u> Department Head Signature Over Printed Name Date: <u>3/13/23</u>		_____ Registrar's Office Signature Over Printed Name Date: _____	
Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head							



REPORT OF GRADE COMPLETION

O.R.# 7802203
Date 3/13/23
Amount P 30 -

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

Date Issued : 3/13/23 Valid Until: _____ Issued by: _____
Incomplete Grades Obtained : 2nd sem 2021-2022
Course No. and Descriptive Title: Agro 115c - Field Crop Physiology Unit: 3.0
Name of Professor : Dr. Ruth O. Encarnacion Department/Division: DA
College (where subjects belong) : CATS

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				
<u>04-1-00012</u>	<u>Aspi</u>	<u>Ebbie</u>	<u>Mazo</u>	<u>MAgSci</u> <u>Agro 1</u>	<u>Agro 115c</u> <u>Field Crop Physiology</u>	<u>2.00</u>	<u>Passed</u>
Submitted by:				Approved :		Received by:	
<u>MUTH O. ENCARNACION</u> Instructor/Professor's Signature Over Printed Name Date: <u>3/13/23</u>				<u>MUTH O. ENCARNACION</u> Department Head Signature Over Printed Name Date: <u>3/13/23</u>		_____ Registrar's Office Signature Over Printed Name Date: _____	
Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head							