

OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

1/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Telefax: +63 53 563 7067 or 563 7428; Local 1010

Posted in:

Email: registrar@vsu.edu.ph Website: www.vsu.edu.ph

REPORT OF GRADE COMPLETION

O.R.# Date Amount P				ACT-000000000000000000000000000000000000				
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Date Issued		:_11/26/2021	Valid Until:	Issued by:				
Incomplete G	rades Obtained	: _1st Sem AY 20.	20-2021					
Course No. a	nd Descriptive Title	e: <u>DevC 128n Co</u>	mmunication Theory	_		_Unit: _3	_	
Name of Profe	Name of Professor : <u>Dr. Ulderico B. Alviola</u>				Department/Division: _DDC			
College (where	e subjects belong)	: _College of Agri	culture and Food Scie	ence (CAFS)				
Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade		
						Upon Completion	Remarks	
19-1-01821	Sto. Tomas	First Name Juriel	Middle Name Ablanque	BSDC-2	DevC 128n	Upon	Remarks	
19-1-01821 Submitted by	Sto. Tomas		Ablanque	BSDC-2	DevC 128n Received by	Upon Completion		