Please AVOID erasures. ✓ If erasure cannot be avoided, please DO NOT use tape/fluid erasing. in strikethrough the text and write the correct text

on top and countersigned by the one making the erasure as shown in the image below:

undergraduate graduate aforts

## OFFICE OF THE UNIVERSITY REGISTRAR

1/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Tel: +63 53 565 0600 local 1010 Email: registrar@vsu.edu.ph Website: www.vsu.edu.ph

## ADE COMPLETION

	Date Signature
Posted in:	<u>Jaco Jignaturo</u>
Stud. Perm Rec Grade Sheet	
Form 19	
Computer	

0642807 O.R.# Date Amount P

Course No. and Descriptive Title: Agro 115e (Field Curp Physistry)	
Course No. and Descriptive Title: Agro 115e (Field Cup Physiotry)	
	Unit:3
Name of Professor : Kuth O Kucasinan Department/Div	rision: DA
College (where subjects belong) :CAFS	

Stud. No.	Name of Student	Name of Student (Note: Good for one student only.)			Course No./ Subject	Grade Upon Completion	Remarks
18-1-020 95	Family Name Palagari	John Wa	Middle Name  Vallating	Mtg. av-2	Agro 115e	2.00	Passed
Submitted by:	Morran TH O. ESCARINES		Moraz MIH O. ESCAKA	VA	Received by:		F
Instructor/Professor's  Signature Over Printed Name Date: 3/9/23  Department Head Signature Over Printed Na Date: 3/9/23			Registrar's Office Signature Over Printed Name Date:				