

## OFFICE OF THE UNIVERSITY **REGISTRAR**

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## REPORT OF GRADE COMPLETION

O.R.# Date Amount P					Posted in: Stud. Perm Grade Shee Form 19 Computer	Rec	Signature	
	e Grades Obtained	: AY 1020-	ver scond			ued by:		
Name of F			: RIZA MAE L. MANINGO Department/Division: DLABS					
College			: COLLEGE OF ARTS AND SCIENCES					
Stud. No.	Name of Student	(Note: Good for one	student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks	
	Family Name Name	First Name	Middle APAS	18stcon 2	M702 ART APP	2.0	PASSEP	
Submitted by:  Approved :  RIZA MAEX.MANINGO  JETT C. QU				FBEC	Received by:			
	structor/Professor's	100	Department Head			Registrar's Office		

Vision: Mission:

Signature Over Printed Name

Date: 10/10/24 1-10-22

Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head

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Signature Over Printed Name

Date:

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No:2021-

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Date: \_