

OFFICE OF THE UNIVERSITY REGISTRAR

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

REPORT OF GRADE COMPLETION

| Dete | | | | S | Posted in: Stud. Perm Red Grade Sheet Form 19 Computer | Date Sign | |
|------------------|----------------------------|-------------------------------------|-----------------|------------------------|--|-------------------|------|
| | | | | | | | |
| Date Issued : | | : Va | lid Until: | Issued by: | | | |
| Incomplete Gra | des Obtained | : 2 nd semester class 20 | 021-2022 | | | | |
| Course No. and | Descriptive Title | e: NSTP 12c cwts- Civid | c Welfare Traii | ning Servic | es | Jnit: <u>3</u> | |
| Name of Profes | sor | : Romnic A. Cabelin | | Dej | partment/Divi | sion: <u>NSTP</u> | |
| College (where s | subjects belong) | ÷ | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| Stud. No. | dent (Note: Good for one s | | | Course No./ Subject | Grade Upon Completion | Remarks | |
| | Family Name Name | First Name | Middle | | | | |
| 21-1-00995 | Gubalane | Jade | Т | BSA -1 | 12c CWTS | 2.00 | Pass |
| Submitted by: | | Approv | Approved: | | Received by: | | |

JOY A. BE

Date: _

Department Head

Signature Over Printed Name

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

ROMNIC A. CABELIN

Instructor/Professor's

Signature Over Printed Name

Date:

MARWEN A. CASTAÑEDA

Registrar's Office

Signature Over Printed Name

Date: