



REPORT OF GRADE COMPLETION

O.R.#	_____
Date	_____
Amount P	_____

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

Date Issued	: <u>3/8/22</u>	Valid Until: _____	Issued by: _____
Incomplete Grades Obtained	: <u>1ST SEMESTER 2020-2021</u>		
Course No. and Descriptive Title:	<u>Agro 119 B - SEMIPAR - B</u>		Unit: <u>1</u>
Name of Professor	: <u>LUZ G. ASIO</u>	Department/Division:	<u>AGRONOMY</u>
College (where subjects belong)	: <u>CAFS</u>		

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				
16-2-00051	MODINA	LEONIL JR.	E.	BSA-9	Agro 119 B	2.75	passed
Submitted by:				Approved :		Received by:	
<u>LUZ G. ASIO</u> Instructor/Professor's Signature Over Printed Name Date: <u>8 Mar 22</u>				<u>WILFRED A. CAGANAN</u> Department Head Signature Over Printed Name Date: _____		_____ Registrar's Office Signature Over Printed Name Date: _____	
Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head							