

Course No. and Descriptive Title:

O.R.#

UNIVERSITY REGISTRAR

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> Posted in: Stud. Perm Rec

Grade Sheet

Date Signature

Unit: 3

REPORT OF GRADE COMPLETION

Computer	
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?no	

Name of Professor	· Pr. Lu	z C. Kino	Department/Division: Agrow		
College (where subjects belong)	:/ College	of Agriculture	and Frod	Science	
	w-1				

Stud. No.	Stud. No. Name of Student (Note; Good for one student only.)				Course No./ Subject	Grade Upon Completion	Remarks
20-1-011 45	Beron	Angeline	Middle Name	PSA Ni	SEMIN AR	1125	passed
Submitted by:	Cam G. Ks10	Approved:	SIDM. BAN	00	Received by:		
Instructor/Professor's Signature Over Printed Name Date: 4 July 23		Department Head Signature Over Printed Name Date: 414 23		me .	Registrar's Office Signature Over Printed Name Date:		

Vision: Mission: