

**INSTRUCTIONS:**

- ✓ Please use **BLUE** ballpen.
- ✓ Please **AVOID** erasures.
- ✓ If erasure cannot be avoided, please **DO NOT** use **correction tape/fluid** in erasing. Just 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

**UNIVERSITY REGISTRAR**

1/F Administration Building  
Visca, Baybay City, Leyte  
Telefax: +63 53 563 7067; +63 53 565 0600  
local 1010  
Email: registrar@vsu.edu.ph  
Website: www.vsu.edu.ph

**GRADE COMPLETION**

O.R. # 0687379  
Date 07-23-2024  
Amount 100.00

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

Date Issued : 07-23-2024 Valid Until: 2<sup>nd</sup> Sem. SY: 2024-2025 Issued by: jr. Lina

Incomplete Grades Obtained : 2<sup>nd</sup> Sem SY: 2023-2024

Course No. and Descriptive Title: NSTP 12C - CIVICWELFARE TRAINING SERVICE (CWTS) Unit: 3.0

Name of Professor : Jetro L. Macayan Department/Division: DBS

College (where subjects belong) : 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
23-1-01373	Family Name BOLIMA	First Name FAITH ANDREA	Middle Name NIMO	BS Biology 1st Year	NSTP - 12C CWTS	2.00	PASSED

  

<b>Submitted by:</b>  <u>Jetro L. Macayan</u> Instructor/Professor's Signature Over Printed Name Date: <u>7/23/24</u>	<b>Approved:</b>  <u>DARIO P. LINA</u> Department Head Signature Over Printed Name Date: _____	<b>Received by:</b>  _____ Registrar's Office Signature Over Printed Name Date: _____
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Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head