

OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

1/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Telefax: +63 53 563 7067 or 565 0600; Local 1010 Email: registrar@vsu.edu.ph Website: www.vsu.edu.ph

REPORT OF GRADE COMPLETION

O.R.# Date Amount ₱			Posted in: Stud. Perm Rec Grade Sheet Form 19 Computer		
Date Issued	: February 22, 2022	Valid Until:	Issued I	by:	_
Incomplete Grades Obtained	: 1st Semester A.Y. 2020	0-2021			
Course No. and Descriptive Ti	tle: Chem 120.1 (Organic C	Chemistry Labora	tory) Unit:	1 unit	
Name of Professor	: DANICA ANN D. PALM	<u>AA</u>	Department/Division:	DoPAC	
College (where subjects belong)	: COLLEGE OF ARTS	S AND SCIENCES	S		

Stud. No.	. Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Comp letion	Remarks
20-1- 00282	Family Name TULIN	First Name JOSEPH ANDRIE	Middle Name TUDIO	BSA-1	R139/Chem 120.1	3.00	PASSED
Submitted	by:		Approved:		Received by	<u>:</u>	

Instructor/Professor's Signature Over Printed Name Date: 02/22/22

Department Head Signature Over Printed Name

Date: 2 27

Registrar's Office Signature Over Printed Name Date: _

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



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O.R.# Date Amount ₱			Stud. Perm Rec Grade Sheet Form 19 Computer	
Date Issued	: February 22, 2022	Valid Until:	Issued b	oy:
Incomplete Grades Obtained	: 1st Semester A.Y. 20	20-2021		
Course No. and Descriptive Tit	le: <u>Chem 130.2 (General</u>	l Biochemistry Labo	oratory) Unit:	1 unit
Name of Professor	: DANICA ANN D. PAL	.MA D	epartment/Division:	DoPAC
College (where subjects belong)	: COLLEGE OF ART	TS AND SCIENCES	3	

Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Comp letion	Remarks
19-1- 00837	Family Name ACULAN	First Name	Middle Name SADULLO	BSFT-2	R210/Chem 130.2	3.00	PASSED
ubmitted	by:		Approved:		Received by	:	

DANICA ANN D. PALMA
Instructor/Professor's
Signature Over Printed Name
Date: 01/21/22

ELIZABETH S. QUEVEDO

Department Head

Signature Over Printed Name
Date: 222 200

Registrar's Office
Signature Over Printed Name
Date: _____

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