

## OFFICE OF THE UNIVERSITY REGISTRAR

Date

Date:

Signature

1/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Telefax: +63 53 563 7067 or 563 7428; Local 1010

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

## REPORT OF GRADE COMPLETION

O.R.#  Date  Amount P		,		Posted in: Stud. Perm Grade Shee Form 19 Computer			- - -
Date Issued		Valid U			Issued by:		-
		2nd Semester, SY: 2020-2021					
	Descriptive Title:					Unit:	3.0
Name of Professor  College (where subjects belong):		MANOLO B. LORETO, JR.  NSTP		Department/Division:		CWTS	
Stud. No.	Name of St	Name of Student (Note: Good for one student only.)		Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
	Family Name	First Name	Middle Name				
20-1-02285	CAORTE	JUDE NIÑO	PEPITO		NSTP 12c	2.50	Passed
Submitted by:	LORETO, JR.	Approved :	A. BELDEN		Received by	<i>r:</i>	×
Instructor/Professor's Signature Over Printed Name		Department Head Signature Over Printed Name			Registrar's Office Signature Over Printed Name		

Vision:

Date:

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

A globally competitive university for science, technology, and environmental conservation.

Mission:

Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.

Date:

Page 1 of 1

FM-REG-20

v1 06-30-2020



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		7		Stud. Perm	Rec		_	
O.R.#		,		Grade Shee	et		-	
Date		Form 19				_		
Amount P			Computer				_	
	Western Colonia Coloni							
Date Issued :		Valid Until:			Issued by:			
Incomplete Grades Obtained : Course No. and Descriptive Title:		2nd Semester, SY: 2020-						
		NSTP-12c				Unit:	3.0	
Name of Professor :		MANOLO B. LORETO, JR.		Departn	Department/Division:		CWTS	
College (where subjects belong):		NSTP						
		1						
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					
20-1-00315	ALBA	ALDOUS JAIR	LAPUZ		NSTP 12c	2.50	Passed	
Submitted by:		Approved:		Received by:				
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C	3			,				
Mun	blat		HO-					
MANOLO E	B. LORETO, JR.	JOY A	BELLEN					
Instructor/Professor's		Department Head		Registrar's Office				
Signature Over Printed Name		Signature Over Printed Name		Signature Over Printed Name				
Date:		Date:			Date:			
							_	
Distribution of Appl	roved Copy: 1 Registrar	, 1 Student, 1 Dept. Head						

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Page 1 of 1

FM-REG-20

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No. 2022-49