

0640875

Mar. 1, 2023

Instructor/Professor's

Signature Over Printed Name

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

Date:

O.R.#

Date

OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

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> Posted in: Stud. Perm Rec

Form 19

Grade Sheet

REPORT OF GRADE COMPLETION

Amount P	25.00				computer		
Date Issued		:	Valid Until:			Issued by:	
Incomplete Gr	ades Obtained	-					0
Course No. an	nd Descriptive Title	: Agsclaan In	troduction to Agrica	ultural Po	licy and Develop	ment Unit:	3 /
Name of Profe			F. Bulayog		9		
						DIVISIONco	Homics
College (where	subjects belong)	: <u>Department</u>	of Management	and	tronomics		
			07				
Stud. No.	Name of Stud	lent (Note: Good for	one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
19-1-01400	Family Name	First Name Anal-m	Middle Name Gara	BSA-4	Agsciazn	2.75	Bess
Submitted by: Approved :					Received by:		

Department Head

Signature Over Printed Name

Date:

Registrar's Office

Signature Over Printed Name

Date: