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O.R.# \_\_\_\_\_  
Date \_\_\_\_\_  
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	<u>Date</u>	<u>Signature</u>
Posted in:		
Stud. Perm Rec	_____	_____
Grade Sheet	_____	_____
Form 19	_____	_____
Computer	_____	_____

College : 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
19-1-02373	Family Name	First Name	Middle Name				
	PINOTE	RACHEL	TIGBAWAN	ABELS-Engl2	Litr.132/ M683	1.75	PASSED

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