

OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

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

Posted in:

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

REPORT OF GRADE COMPLETION

O.R.# Date Amount P			Gr Fo	ud. Perm Rec rade Sheet orm 19 omputer		
Date Issued : Valid Until: _			Issued by:			
Incomplete Gr	ades Obtained :	Sen SY 2020 -21		1		
Course No. an	d Descriptive Title:	3Th 21 - General A ALINA D. POLLON	Botany		Unit: _ 🥌	-
Name of Profe	Ros-	ALINA D. POLLON	1	Donadmont	Division:	
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College (where	subjects belong) :	AS				
Stud. No.	Name of Student (Note: Good for one student only.)		Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
19-1-01167	Family Name Firs	t Name Middle Name Shua Clark Easa	BBioz	Both 21	3.0	Papel
Submitted by:		Approved :		Received by:		
Rosalina D. Polegust Instructor/Professor's Signature Over Printed Name Date:		Department Head Signature Over Printed Na	Regis		gistrar's Office Over Printed I	Name