

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		: 6/2/www Valid Until: _ : Md Sem Sy wro-20		Issued by:		
Course No.		: Mud Sem Sy 2020-20 He: Chem 20001 Thecis 1 (: Allan A. Ramal		writing)	Unit:	
Name of Pro	oressor ere subjects belong)		Sciences	Departmer	nt/Division: <u>D</u>)
Stud. No.	Name of Stud	dent (Note: Good for one student only.) First Name Middle Nar	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks

Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
18-1-01477	Family Name SALGO	First Name RENIEL	Middle Name	BS CHEM 4th year	Chem 20001	1.75	farred
Submitted by	on & parme	Approved Approved	Moved	VEDO	Received by:		
Signature Over Printed Name Date: 411412			Department Head Signature Over Printed Name Date: 2 The 2002		Registrar's Office Signature Over Printed Name Date:		
Distribution of App	proved Copy: 1 Registra	ar, 1 Student, 1 Dept. Hea	d	-		The second	

Vision: Mission:

A globally competitive university for science, technology, and environmental conservation. Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.

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

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O.R.# _ Date _ Amount ₱ _					Posted in: Stud. Perm Rec Grade Sheet Form 19 Computer			
Date Issued	÷_	6/3/2001	Valid Until:		Issued by: _			
Incomplete 0	Grades Obtained :_	SY 2020-21	2nd Sem					
Course No. a	and Descriptive Title:	Chem 200 a1	Thesis 1 (P	roposal	writing)	Unit::	1.0	
Name of Pro		Allan A. Ra				t/Division:		
					Department	DIVISIONV	VIIIC	
College (whe	re subjects belong) :_	Lollege of A	rts and so	ciences			-	
			parameter services and the services are the services and the services are the services and the services and the services are					
Stud. No.	Name of Student	(Note: Good for one s	tudent only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks	
	Family Name	First Name	Middle Name		•	/	0 1	
8-1-00087	MATUGUTHA	ANNAH	ARCELO	BS CHEM 4th Year	Chem 200 as	17	Bassed	
Submitted by:		Approved :	Approved :		Received by:			
	Showl !	gov	Luner					
A	LIN A. RAMON	ELIZAB	eth S. QUE	VEDO				
Instructor/Professor's Signature Over Printed Name		De	Department Head		Registrar's Office			
Date: 6 2 Mov		Signatui	re Over Printed Na ite: 3 me 20:	v		ture Over Printed Name late:		