

OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

CASTANEDA

Registrar's Office

Signature Over Printed Name

Date: __

MARWEN

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> Posted in: Stud. Perm Rec

REPORT OF GRADE COMPLETION

O.R.# Date Amount P			Fo	ade Sheet rm 19 omputer	===	
Date Issued		Valid Until:		Issued by: _		
Course No. a		JOSE M. BANDE	IAR RONMENTAL		Unit: t/Division: _\τε	
	Name of Student (Note: Good	for one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
Stud. No.	Family Name First Name Collander Bror Rogwar bren	Middle Name	TREC	TREC 299	2.00	Passed
Submitted b	10	Approved:		Received by:		

ESPIW OSA

Department Head

Signature Over Printed Name

ELIZA P.

Instructor/Professor's

Signature Over Printed Name