

**INSTRUCTIONS:**

- ✓ Please use **BLUE** ballpen.
- ✓ Please **AVOID** erasures.
- ✓ If erasure cannot be avoided, please **DO NOT** use correction tape/fluid in erasing. Just strikethrough the text and write the correct text on top and countersigned by the one making the erasure as shown in the image below:

~~undergraduate~~  
graduate

**UNIVERSITY REGISTRAR**

1/F Administration Building  
Visca, Baybay City, Leyte  
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local 1010  
Email: registrar@vsu.edu.ph  
Website: www.vsu.edu.ph

**GRADE COMPLETION**

O.R. # 0688361  
Date 08-01-2024  
Amount 100.00

	Date	Signature
Posted in:		
Stud. Perm Rec	___	___
Grade Sheet	___	___
Form 19	___	___
Computer	___	___

Date Issued : 08-01-2024 Valid Until: 2<sup>nd</sup> Sem.SY: 2024-2025 Issued by: [Signature]  
Incomplete Grades Obtained : 2<sup>nd</sup> Sem SY: 2023-2024  
Course No. and Descriptive Title: Summer Practicum Skills Development Unit: 6  
Name of Professor : Wences Rey Dela Peña Department/Division: DA  
College (where subjects belong) : College of Agriculture and Food Science

Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
23-1-01105	Family Name Fernandez	First Name Miles	Middle Name Franza	BSA-1	Summer Practicum	2.75	Passed
<b>Submitted by:</b>				<b>Approved :</b>		<b>Received by:</b>	
<u>[Signature]</u> INENCES REY B. DELA PEÑA Instructor/Professor's Signature Over Printed Name Date: 8/16/24				<u>[Signature]</u> LUCAS A. SIO Department Head Signature Over Printed Name Date: 8/16/24		_____ Registrar's Office Signature Over Printed Name Date: _____	

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