

NOREVE JEAN M. AGAD

Instructor/Professor's

Signature Over Printed Name

Date: AM . 8 . 2021

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OFFICE OF THE UNIVERSITY REGISTRAR

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REPORT OF GRADE COMPLETION

O.R.# Date Amount ₱				Grade Form Comp	The second second		
Date Issued : August 8, 2			022 Valid Until: Issued by:				
Name of Pro	ofessor	Title: ScTS 11c - SCI : NOREVE JEAN) : COLLEGE OF	N M. AGAD	Departme	CIETY Un nt/Division: <u>Do</u>	it:3_ bPAC	
Stud. No.	Name of Stu	dent (Note: Good for one	e student only.)	Course & Year	Course No./ Subject	Grade Upon Comple tion	Remarks
21-1- 02682	Family Name APRECIO	First Name JOSHUA	Middle Name	BSA - 1	R271/ScTS- 11c	3.00	PASSED
Submitted by:			Approved :		Received by:		

ELIZABETH S. QUEVEDO

Department Head

Signature Over Printed Name Date: 08 08 (2022)

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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