



DEPARTMENT OF PURE AND APPLIED CHEMISTRY

Visca, Baybay City, Leyte, PHILIPPINES Telefax: 053-563 0600 local 1032 Email: dopac@vsu.edu.ph Website: www.vsu.edu.ph

REPORT OF GRADE COMPLETION

O.R.#	0652775	
Date	MP4L 74, 2023	
Amount	50.00	

Date Issued

Date Signature
2714

Issued by:

	Grades Obtained and Descriptive Title	: 2 P JEM , 2021 -	-2682	12073 (LMB)	Unit: 2	_	
Name of Pro	fessor re subjects belong)	: MAS. Mr. PARELY: : College of Arts a		Depa	artment/Division	<u>DoPAC</u>	
Stud. No.	Name of Stude	ent (Note: Good for one	student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
	Family Name	First Name	Middle Name		CIPEM 128.2		

· 7MP SAM 2021-2012 Valid Until.

Stud. No.	Name of Student (Note: Good for one student only.)			& Year	Subject Completion	Remarks	
20-1-06(17	Family Name	JERILIPO ROS	Middle Name	OSCHEM.	ORGANIC CHEMISTAN AT (LAMS) PO33	360	PASSEY
Submitted by: Approve				Received by:			

Instructor/Professor's
Signature Over Printed Name
Date: May 18, 7023

ELIZABETH S. GUEVEDO

Department Head
Signature Over Printed Name
Date:

Registrar's Office
Signature Over Printed Name
Date: ____

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





Posted in: Stud. Perm Rec

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Date Signature

REPORT OF GRADE COMPLETION

O.R.# 0620600 Date 9-Nov-22 Amount 125.00			Grade Sheet Form 19 Computer		
-					
Incomplete Grades Obtained : Second Course No. and Descriptive Title: Character Name of Professor : MARIA	wy 18 W13 Valid Until: ond Semester 2021 - 2022 on 128.2 Organic Chemistry2Labor ROBELYN A. INSIK egge of Arts and Sciences	pratory (RO)	_	_	
Stud. No. Name of Student (Note:	Good for one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
Family Name Firs	t Name Middle Name SLLE MONTIFLOR	BS Chem 2	Chem 128.2 Organic Chem 2 Laboratory (R032)	3.00	PASSED
Submitted by: Approved :			Received by:		
Instructor/Professor's	ELIZABETH S. QUEVEDO Department Head	Še i	Re	gistrar's Office	
Signature Over Printed Name Date: May 18, 2022	Signature Over Printed Name Date: Date:				
Distribution of Approved Copy: 1 Registrar, 1 Stude	nt, 1 Dept. Head				*************