

## 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

Posted in:

## REPORT OF GRADE COMPLETION

O.R.#  Date  Amount P			Stud. Perm Rec Grade Sheet Form 19 Computer		
Date Issued Incomplete Grades Obtained	04/01/ <u>2022</u> : _2nd Sem 2020	Valid Until:0-2021	Issued by:		
Course No. and Descriptive To			nd Other Form	_Unit: _3	
Name of Professor  College (where subjects belong)	: DENNIS JOEL : COLLEGE OF		Department/Div	Department/Division: <u>IHK</u>	

Stud. No.	Name of Stu	dent (Note: Good for or	ne student only.)	Course & Year	Course No./	Grade Upon	Remarks
18-1-01179	Family Name VARRON,	First Name JESREL	Middle Name GARCIANO		PhEd138	3.00	Passed
Submitted by	<i>r</i> :	Approve	d:		Pagained how		

00#

DENNIS JOEL L. CERNA Instructor/Professor's

Signature Over Printed Name Date: (April 1, 2022

CHARIS B. LIMBO Department Head

Signature Over Printed Name Date: 04-01-24

Received by:

Registrar's Office Signature Over Printed Name

Date:

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