

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

Posted in:

Email: registrar@vsu.edu.ph Website: www.vsu.edu.ph

REPORT OF GRADE COMPLETION

O.R.# _ Date _ Amount P _				G	itud. Perm Rec Grade Sheet orm 19 Computer			
Date Issued : 4/29/22 Valid Until			_Valid Until:	Issued by:				
Incomplete (Grades Obtained	: 2 nd Semester 20	020-2021					
Course No.	and Descriptive Ti	tle: CAEd116- Phili	ppine Traditional	Dances_		Unit: _3		
Name of Professor : <u>Jo</u>		: JOVEL M. ABER	: JOVEL M. ABERILLA		Department/Division: _IHK			
College (whe	ere subjects belong)	: COLLEGE OF E	DUCATION					
Stud. No.	Name of Student (Note: Good for one student only.)		Course & Year	Course No./ Subject	Grade Upon Completion	Remarks		
19-1-01950	Family Name PELICANO	First Name BRIAN	Middle Name DEGORIO	BCAEd 3	CAEd 116	3.0	Passed	

Signature Over Printed Name Date: 4/29/22

Instructor/Professor's

CHARIS B. LIMBO

Department Head Signature Over Printed Name

Date:

Approved:

Registrar's Office
Signature Over Printed Name

Date:

Received by:

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

Submitted by: