



REPORT OF GRADE COMPLETION

O.R. # 0698519
Date 11-28-2024
Amount 100.00

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

Date Issued : 11-28-2024 Valid Until: Summer SY: 2024-2025 Issued by: [Signature]
Incomplete Grades Obtained : Summer SY: 2023-2024
Course No. and Descriptive Title: Practicum (Skills Development) Unit: 6
Name of Professor : Michelle Aubrey D. Cabate Department/Division: DOE
Mahe D. Datan Jr.
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
22-1-02154	Family Name Majolas	First Name Cristine Jay	Middle Name Balares	BSA Agric 3	Practicum (Skills Development)	2.0	PASSED
Submitted by:				Approved :		Received by:	
<u>[Signature]</u> Michelle Aubrey D. Cabate <u>Mahe D. Datan Jr.</u> Instructor/Professor's Signature Over Printed Name Date: <u>11-28-24</u>				<u>[Signature]</u> Zira H. Confino <u>Mahe D. Datan Jr.</u> 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							