



## REPORT OF GRADE COMPLETION

O.R.# \_\_\_\_\_  
Date \_\_\_\_\_  
Amount P \_\_\_\_\_

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

Date Issued : \_\_\_\_\_ Valid Until: \_\_\_\_\_ Issued by: \_\_\_\_\_

Incomplete Grades Obtained : \_\_\_\_\_

Course No. and Descriptive Title: FLng 11 Unit: \_\_3\_\_

Name of Professor : MICHAEL CARLO C. VILLAS Department/Division: DLABS

College : COLLEGE OF ARTS AND SCIENCES

Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
	Family Name	First Name	Middle Name				
	DOREGO	FRANCIS WAYNE	CAMPOS	BSHM-N 2	FLng 11/ Spanish 1	3.0	PASSED
Submitted by:			Approved :		Received by:		
<div><u>MICHAEL CARLO C. VILLAS</u> Instructor/Professor's Signature Over Printed Name Date: 6/10/2021</div>			<div><u>JETT C. QUEBEC</u> Department Head Signature Over Printed Name Date: _____</div>		<div>_____ Registrar's Office Signature Over Printed Name Date: _____</div>		
Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head							