

## OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

1/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Telefax: +63 53 563 7067 or 563 7428; Local 1010 Email: registrar@vsu.edu.ph Website: www.vsu.edu.ph

> Posted in: Stud. Perm Rec

## REPORT OF GRADE COMPLETION

O.R.# Date Amount P				Grade Sheet Form 19 Computer				
Date Issued	: Vuly 8, 2022 Valid	Until:		Issued by:				
Incomplete G	rades Obtained : 2nd Senest	y 202	20-2	121				
Course No. a	and Descriptive Title: APN 199C	Collog	ing m		Unit:	/		
Name of Prof		CAGAS	an	Department/	Division:	24		
College (when	e subjects belong) : CAFS							
Stud. No.	Name of Student (Note: Good for one stude	ent only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks		
17-1-0001	Family Name First Name  EARIN REYMUND	Middle Name	BS 4	Agro 199 C	3.0	Passed		
Submitted by: Approved :				Received by:				
Wy	9 1111	nan O. Escasa	nel					
Signatu	re Over Printed Name Signature O	Department Head Signature Over Printed Name Date:			Registrar's Office Signature Over Printed Name Date:			
Distribution of Ap	proved Copy: 1 Registrar, 1 Student, 1 Dept. Head			Laconomic				



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## REPORT OF GRADE COMPLETION

O.R.# Date Amount P					Grade Sheet Form 19 Computer				
Date Issued	: Ju	4 8, 2022 Va	alid Until:		Issued by: _				
Incomplete G	rades Obtained :	48, non va	ty no	20-	2021				
	nd Descriptive Title:	90199-C	Collogui	un		Unit: 3	1		
Name of Prof	ressor :	CAPS  lote: Good for one st	CHGASAM				Remarks		
15-1-00420	Family Name  ALMERORA, JE	First Name	Middle Name	BA 4	Agro 199C	3-0	Passed		
Instructor/Professor's Signature Over Printed Name Date: 7/8/1022		De Signatur	Approved:  Maran  Nuffi 0. 2506 red  Department Head  Signature Over Printed Name  Date:		Received by:  Registrar's Office Signature Over Printed Name Date:				
Distribution of Ap									