

OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

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REPORT OF GRADE COMPLETION

Stud. No. 18-1-00858 Submitted by	Name of S Family Name Leocadio	Student (Note: Good for one First Name Maria Mae Approve	Middle Name Molinas	Course & Year	Course No./ Subject DevC 197n Communication Research Received by:	Grade Upon Completion 2.75	Remark
				Course &		Upon	Remark
College (where	e subjects belong)	: College of Agricult	ure and Food Scie	nce			
Course No. a	essor	itle: <u>DevC 197n - Comn</u> : <u>Dr. Editha G. Caga</u>	san	D		Init: 3.0	
Date Issued Incomplete G	rades Obtained	: Nov. 26, 2021 \(\): First semester, A		/	ssued by:		_
Date Amount P				Form Comp		1 0 × 3	

EDITHA G. CAGASAN

Department Head

Signature Over Printed Name

Date:

Vision: Mission:

EDITHA G. CAGASAN Instructor/Professor's

Signature Over Printed Name

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

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