

0.R.#

Date

Amount P 25.00

0652690

April 26, 2023



## **DEPARTMENT OF AGRONOMY**

DASS Building, Visayas State University Visca, Baybay City, Leyte PHILIPPINES 6521-A Phone: +63 565 0600 Local 1013

Date Signature

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

Posted in: Stud. Perm Rec

Computer

**Grade Sheet** Form 19

## REPORT OF GRADE COMPLETION

Date Issued	:	APRIL 26, 2023	Valid Until:	Issued b	y:
Incomplete Grades Obtained	:	2 <sup>nd</sup> Sem A.Y. 2021-2022			
Course No. and Descriptive Title	e:	AgSc 20- Basic Farm Machin	neries and Mech	anization	Unit: 3
Name of Professor		ED ALLAN L. ALCOBER			on: <u>Agronomy</u>
College (where subjects belong)	:_	COLLEGE OF AGRICULTUR	E AND FOOD S	CIENCE (CAFS)	

Stud. No.	Name of Stud	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks		
	Family Name	First Name	Middle Name				11.2
20-1-01399	OLAGUER	DOMY JR.	TUMANGAN	BSA-2	AgSc 20	2.25	Passed
Submitted by	1.	Арр	proved:		Received	by:	
ED AL	ANDALCOBER		RUTH O. ESCASI	NAS			
Instructor/Professor's Signature Over Printed Name Date: 4/26/23		ime	Department Head Signature Over Printed Name Date: 475/23		Registrar's Office Signature Over Printed Name Date:		
Distribution of An	proved Copy: 1 Registra	ar 1 Student 1 Dept. F	lead		L		



0652701

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O.R.#

Date





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Name of Professor	: _!	ED ALLAN L. ALCOBER		Department/Division: Agronomy
College (where subjects belong)	:_	COLLEGE OF AGRICULTURE	E AND FOOD	SCIENCE (CAFS)

amily Name	F: (A)		Course & Year	No./ Subject	Grade Upon Completion	Remarks
	First Name	Middle Name				9.5
ONORIO	NHELIA		BSA-2	AgSc 20	2.50	Passed
$\overline{}$		Approved :		Received	by:	
10		Waran				
ALCOBER						
Instructor/Professor's		Department Head		Registrar's Office		
Signature Over Printed Name Date: 4/26/23		Signature Over Printed Name Date: 4/26/2-3		Signature Over Printed Name Date:		
	e Over Printed Name e: 4/26/23	ALCOBER  Inder/Professor's  e Over Printed Name  e: 4/26/23	Approved :  ALCOBER RUTH O. ESCASII Department Head	Approved:  RUTH O. ESCASINAS  Department Head Signature Over Printed Name e: 4/26/23	Approved:  Received  RUTH O. ESCASINAS  Department Head Signature Over Printed Name e: 4/26/23  Received  RUTH O. ESCASINAS  Department Head Signature Over Printed Name Date: 4/26/23  Date: 4/26/23	Approved:  Received by:  Received by:  RUTH O. ESCASINAS  Department Head Signature Over Printed Name E. 4/26/23  Received by:  Received by:  Received by:  Registrar's Office Signature Over Printed Name Date: 4/26/23  Date: