

**INSTRUCTIONS:**

- ✓ Please use **BLUE** ballpen.
- ✓ Please **AVOID** erasures.
- ✓ If erasure cannot be avoided, please **DO NOT** use **correction tape/fluid** in erasing. Just strikethrough the text and write the correct text on top and countersigned by the one making the erasure as shown in the image below:

~~undergraduate~~  
graduate

**UNIVERSITY REGISTRAR**

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Visca, Baybay City, Leyte  
Telefax: +63 53 563 7067; +63 53 565 0600  
local 1010  
Email: registrar@vsu.edu.ph  
Website: www.vsu.edu.ph

**GRADE COMPLETION**

O.R. # 0697634.  
Date 11-12-2024  
Amount ₱ 200.00

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

Date Issued : 11-12-2024 Valid Until: 1st Sem. SY 2024-2025 Issued by: garcia  
Incomplete Grades Obtained : 1st Sem. SY: 2023-2024  
Course No. and Descriptive Title: SEMINAR - A Unit: 3  
Name of Professor : LUZ GERESTON ASIO Department/Division: DEPARTMENT OF AGRONOMY  
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
21-F-02219	Family Name <u>ZABALA</u>	First Name <u>VIRGILIO</u>	Middle Name <u>VIGEN</u>	<u>BSA-1</u>	<u>SEMINAR-A</u>	<u>3.0</u>	<u>passed</u>
Submitted by:				Approved :		Received by:	
<u>LUZ GERESTON ASIO</u> Instructor/Professor's Signature Over Printed Name Date: _____				<u>LUZ GERESTON ASIO</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							