

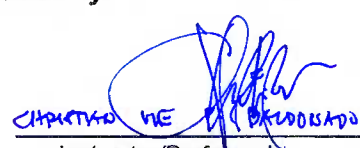
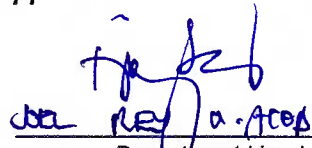


REPORT OF GRADE COMPLETION

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 : 2ND SEM AY 2020-2021
Course No. and Descriptive Title: NUCM 110 - NURSING INFORMATION (LECTURE) Unit: _____
Name of Professor : CHRISTINA VIE P. BANDOYANO Department/Division: _____
College (where subjects belong) : SCHOOL OF NURSING

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				
19-1-00969	BALABAT	AIZEL VALERIE	COPPER	BSN-2	KA42 NUCM 110	3.0	PASSED
Submitted by:				Approved :		Received by:	
 _____ Instructor/Professor's Signature Over Printed Name Date: <u>2/9/22</u>				 _____ Department Head Signature Over Printed Name Date: <u>09 Feb 2022</u>		_____ Registrar's Office Signature Over Printed Name Date: _____	

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