

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

REPORT OF GRADE COMPLETION

O.R.# Date Amount P			S G F	osted in: tud. Perm Rec irade Sheet orm 19 omputer		
Date Issued	. 9(h)	7 20 283 Valid Until:		Issued but		
		f fum 2021 - 2022		issuea by: _		
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Course No. ar	nd Descriptive Title:	RO Excornar	ciple	g Comp Park	workit)	5
Name of Profe	essor :	RO Exconhar		Department	/Division:	DA
	subjects belong) :					
Stud. No.		: Good for one student only.)	Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
21-1-02292		uka Warie Inst	IBSA 1	Cpscal	3,10	Passe
Submitted by: Approved :		Approved :		Received by:		
Instructor/Professor's Signature Over Printed Name Date: 1/9/73		Department Head Signature Over Printed Name Date: 1/9/23		Registrar's Office Signature Over Printed Name Date:		
Distribution of App	proved Copy: 1 Registrar, 1 Stude	ent, 1 Dept. Head				