

OFFICE OF THE UNIVERSITY REGISTRAR

Date Signature

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REPORT OF GRADE COMPLETION

O.R.# Date Amount	Stud. Perm Rec Grade Sheet Form 19 Computer
Date Issued : 6/29/22 Valid Until:	Issued by:
Incomplete Grades Obtained : 2 nd Semester 2020-2021	
Course No. and Descriptive Title: PhEd14 Physical Activities Towards	Health and Fitness 2 Unit: 2
Name of Professor : <u>JOVEL M. ABERILLA</u>	Department/Division: _IHK
College (where subjects belong) : COLLEGE OF EDUCATION	

Stud. No.	Name of Student	Name of Student (Note: Good for one student only.)			Course No./ Subject	Grade Upon Completion	Remarks
19-1-00489	Family Name ASEO	First Name KENNETH	Middle Name MANDRAS	BPEd ⋠	PhEd 14	3.0	Passed
Submitted by	MR	Approved	JIAN .	0	Received by:		
Instructor/Professor's Signature Over Printed Name Date: 429 22		Signat	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