



REPORT OF GRADE COMPLETION

O.R.#	_____
Date	_____
Amount P	_____

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

<i>Date Issued</i>	: _____	<i>Valid Until:</i>	_____	<i>Issued by:</i>	_____
<i>Incomplete Grades Obtained</i>	: _____				
<i>Course No. and Descriptive Title:</i>	<u>K044 - Nursing Research 2</u>			<i>Unit:</i>	<u>2</u>
<i>Name of Professor</i>	: <u>Dr. Janet Alexis A. Delos Santos</u>		<i>Department/Division:</i>	<u>DON</u>	
<i>College (where subjects belong)</i>	: <u>College of Nursing</u>				

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				
18-1-02118	Cutanda	Jenny	Awatin	BSN-IV	K044 – NuCM 115		
Submitted by:				Approved :		Received by:	
<u>JANET ALEXIS A. DELOS SANTOS</u> Instructor/Professor's Signature Over Printed Name Date: _____				<u>JOEL REY U. ACOB</u> Department Head Signature Over Printed Name Date: _____		<u>MARWEN CASTANEDA</u> Registrar's Office Signature Over Printed Name Date: _____	
Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head							