

OFFICE OF THE UNIVERSITY REGISTRAR

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Email: registrar@vsu.edu.ph Website: www.vsu.edu.ph

REPORT OF GRADE COMPLETION

O.R.# Date Amount P					Perm Rece Sheet		
			W. O. AND D. V. O. TOP		2.4		
Date Issued :Valid Until:				Issued by:			
Incomplete G	rades Obtained	:2 nd sem 20	21 - 2022				-
Course No. a	nd Descriptive 7	itle: Agro215 (Applie	d Field Crop Physiol	ogy)	Unit: <u>3.00</u>		
Name of Professor : <u>Dr. Ruth O. E</u>			Scasinas Department/Division: Agronomy				
College (when	e subjects belong;	: College of Agric	ulture and Food Scie	ence			
Stud. No.	Name of Student (Note: Good for one student only.)			& Year	Course No./ Subject	Grade Upon Completion	Remarks
21-1-02776	Family Name	First Name ARMAN	Middle Name QUIRAN	MS- AGRO	AGRO215	2.00	Passed

Department Head

Signature Over Printed Name

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

Instructor/Professor's

Signature Over Printed Name

Submitted by:

Approved: