



REPORT OF GRADE COMPLETION

O.R.# _____
Date _____
Amount P _____

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

Date Issued : MARCH 21, 2022 Valid Until: _____ Issued by: _____

Incomplete Grades Obtained : FIRST SEMESTER SY 2020-2021

Course No. and Descriptive Title: FLng 14 FOREIGN LANGUAGE Unit: 3

Name of Professor : DAISY P. ACORITAY Department/Division: DLABS

College : COLLEGE OF ARTS AND SCIENCES

Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
18-1-00813	Family Name	First Name	Middle Name				
	ANOPOL	JHOSEL	CAGASCAS	ABELS-4	FLng14/FOREIGN LANGUAGE	2.00	PASSED
Submitted by:		Approved:			Received by:		
DAISY P. ACORITAY Instructor/Professor's Signature Over Printed Name Date: <u>March 21, 2022</u>		JETT C. QUEBEC, Ph.D. 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							