

INSTRUCTIONS:

- ✓ Please use **BLUE** ballpen.
- ✓ Please **AVOID** erasures.
- ✓ If erasure cannot be avoided, please **DO NOT use correction tape/fluid** in erasing. Just strikethrough the text and write the correct text on top and countersigned by the one making the erasure as shown in the image below:

~~undergraduate~~
graduate

UNIVERSITY REGISTRAR

1/F Administration Building
Visca, Baybay City, Leyte
Telefax: +63 53 563 7067; +63 53 565 0600
local 1010
Email: registrar@vsu.edu.ph
Website: www.vsu.edu.ph

ADE COMPLETION

O.R. # 0694617
Date 09-05-2024
Amount ₱ 100.00

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

Date Issued : 09-05-2024 Valid Until: 1st Sem. SY 2024-2025 Issued by: [Signature]

Incomplete Grades Obtained : 1st Sem. SY: 2023-2024

Course No. and Descriptive Title: PRACTICUM SKILL DEVELOPMENT Unit: 6

Name of Professor : WENCES KEY BACILAD DELA PEÑA Department/Division: DA

College (where subjects belong) : CAFS

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				
23-1-03902	LUNGAAY	KIMBERLY	ECTOY	BCA-1	SUMMER PRACTICUM	3.00	Passed
Submitted by:				Approved :		Received by:	
<p><u>[Signature]</u> WENCES KEY BACILAD DELA PEÑA Instructor/Professor's Signature Over Printed Name Date: <u>9/10/24</u></p>				<p><u>[Signature]</u> DR. <u>[Signature]</u> G. ASIO Department Head Signature Over Printed Name Date: _____</p>		<p>_____ Registrar's Office Signature Over Printed Name Date: _____</p>	
Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head							