



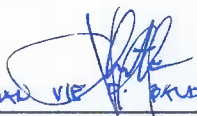
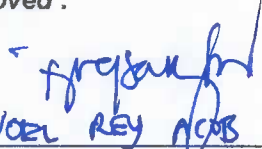
### REPORT OF GRADE COMPLETION

O.R.# \_\_\_\_\_  
Date \_\_\_\_\_  
Amount P \_\_\_\_\_

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

Date Issued : \_\_\_\_\_ Valid Until: \_\_\_\_\_ Issued by: \_\_\_\_\_  
Incomplete Grades Obtained : \_\_\_\_\_  
Course No. and Descriptive Title: NUCM 110 - NURSING INFORMATICS (LECTURE) Unit: 2.0  
Name of Professor : CHRISTIAN VIE F. BRUDONADO Department/Division: \_\_\_\_\_  
College (where subjects belong) : COLLEGE OF NURSING

Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
19-1-01312	Family Name <u>BUTAY</u>	First Name <u>GUALBERT</u>	Middle Name <u>ENCU</u>	<u>BSN 2</u>	<u>K092</u> <u>NUCM 110 (LEC)</u>	<u>3.0</u>	<u>PASSED</u>

<b>Submitted by:</b>   <u>CHRISTIAN VIE F. BRUDONADO</u> Instructor/Professor's Signature Over Printed Name Date: <u>1/26/22</u>	<b>Approved :</b>   <u>JOEL REY ACOS</u> Department Head Signature Over Printed Name Date: <u>26 Jan 2022</u>	<b>Received by:</b>    Registrar's Office Signature Over Printed Name Date: _____
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Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head