



Republic of the Philippines  
**BULACAN STATE UNIVERSITY**  
*Office of the Registrar*  
City of Malolos, Bulacan  
Tel. no. 919-7800 local 1001 or 1002

**Control No.** \_\_\_\_\_

\_\_\_\_\_  
Date

To: Prof. \_\_\_\_\_,

Mr. /Ms. \_\_\_\_\_, has an  
incomplete grade in \_\_\_\_\_ which he/she  
took during the \_\_\_\_\_ trimester/semester/summer year  
20\_\_\_\_ - 20\_\_\_\_\_.

The reason/s for the INCOMPLETE as reflected in the grading sheet is / are

\_\_\_\_\_.

Please accomplish this form and return to this office not later \_\_\_\_\_.

ALBERT B. VILLENA  
Registrar IV

**ACTION TAKEN**

PASSED: \_\_\_\_\_ Rating: \_\_\_\_\_

FAILED: \_\_\_\_\_ Rating: \_\_\_\_\_

Date: \_\_\_\_\_

NOTED:

\_\_\_\_\_  
Subject Instructor/Professor

\_\_\_\_\_  
Dean

Distribution of copies:

- 1 – Registrar's Office
- 1 – Department Concern
- 1 – Student's Copy

\_\_\_\_\_  
Student's Signature

I.D. No. \_\_\_\_\_

Course/Year & Section \_\_\_\_\_