Republic of the Philippines

Doc. Code: SLSU-QF-RO22

Revision; 00

Date: 21 June 2018

**SOUTHERN LEYTE STATE UNIVERSITY**

Main Campus, Sogod, Southern Leyte

**OFFICE OF THE REGISTRAR**

**Completion Form for Incomplete Grades**

**Note:** 1. This form shall be accomplished in 3 copies and submitted to the faculty concerned for the completion of incomplete grade/s.

2. Concerned instructor/professor or his/her representative has only the authority to submit the form in the Office of the Registrar.

3. Received and encoded copies are distributed to: 1 each for the student, faculty and registrar.

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| Student  ID No. | STUDENT NAME | Course &  Year Level | SUBJECT | | Sem., AY  INC Incurred | Date INC  Completed | RATING | Professor/  Instructor |
| Course No. | Descriptive Title |
|  |  |  |  |  |  |  |  |  |

**INCOMPLETE GRADE not removed within one year automatically becomes “5.0”.**

**Received at the Office of the Registrar**

By: Encoded by:

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Name/Signature Name/Signature

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Date Date

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O.R. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Submitted by:

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**REGISTRAR’S COPY**



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Name/Signature Name/Signature

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Date Date

Submitted by:

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**INSTRUCTOR’S COPY**

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Name/Signature Name/Signature

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Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Professor/Instructor’s Signature)

**STUDENT’S COPY**

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