



UNIVERSITY OF MAKATI
J.P. Rizal Extension, West Rembo, Makati City
OFFICE OF THE REGISTRAR
COMPLETION FORM

Name of the Student:

Student No:

College:

Year & Section:

Program:

Course with Incomplete Grade:

Units:

Descriptive Title:

Term when the Incomplete Grade was incurred:

Semester, Academic Year:

Completion Requirement:

- ☐ Examination Rating
- ☐ Report Title
- ☐ Project – Title
- ☐ Proof of Attendance and Copy of Class Record

FINAL GRADE: _____

Signature of Professor over Printed Name

Completion Date:



Signature of Student

Signature of Department Head

Signature of Dean/Director

OFFICE OF THE REGISTRAR
MACHINE VALIDATION

Final Grade:

No. of Units:

Date:

Validated by: _____

NOTE: *This form is only valid if properly accomplished & signed, machine validated, counter signed by the Registrar and submitted within the prescribed period for the removal of INCOMPLETE grade*