



Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY
Lucban, Quezon

APPLICATION FOR: Completion of Incomplete Grades

_____ 20 _____

The Registrar

Dear Sir/Madam:
I hereby report the completion rating of _____
_____ from the College of _____
in _____ for the _____ Semester 20 _____
To 20 _____ which was:
REASON/S: _____

1st Term Rating _____	FINAL RATING <div></div>
2nd Term Rating _____	
3rd Term Rating _____	

PLEASE PRINT/ WRITE LEGIBLY

Signature of Instructor
Over Printed Name

APPROVED: _____
Dean Registrar

NOTE: This form shall be accomplished for late reporting of grades or for completion of incomplete grades only, not for correction of Grades or for other rating purposes.

IMPORTANT:
STUDENTS ARE NOT ALLOWED TO HAND CARRY duly accomplished form but should be submitted PERSONALLY by the FACULTY concerned to the OFFICE OF THE UNIVERSITY REGISTRAR.



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