#### **REGISTRAR'S COPY**



# Republic of the Philippines SOUTHERN LUZON STATE UNIVERSITY Lucban, Quezon

APPLICATION FOR: Completion of Incomplete Grades

		20
The Regis	strar	
Dear Sir/N	/ladam:	
		e completion rating of
		from the College of
		for the Semester 20
	_which wa	<b>;:</b>
REASON/S	): 	
1st Term F	Rating	FINAL RATING
2nd Term		
3rd Term I		
PLEASE PRINT/ V	VRITE LEGIBLY	
		Signature of Instructor
		Over Printed Name
APPROVED:		
ALL NOVED.		
NOTE	Dean	Registrar
NOTE:		be accomplished for late reporting of grades or
	•	of incomplete grades only, not for correction of rades or for other rating purposes.
		<b>0.</b> 1
IMPORTANT	-	
		OT ALLOWED TO HAND CARRY duly accomplished submitted PERSONALLY by the FACULTY concerned
101		OFFICE OF THE UNIVERSITY REGISTRAR.
AA-REG-1.05F	2, Rev. 2	
_		DEAN'S COPY
SUITON STATE	Repul	olic of the Philippines
	SOUTHERN	LUZON STATE UNIVERSITY
1964		Lucban, Quezon
APPLICATIO	N FOR: Co	npletion of Incomplete Grades
		20
The Regist	rar	
Dear Sir/Ma	damı	
		completion rating of
		from the College of
		for the Semester 20
To 20		_ ioi tile semester zo
REASON/S:	willell was.	
NEASON/S.		
1st Term Ra	ting	FINAL RATING
2nd Term Ra		
3rd Term Ra		
PLEASE PRINT/ WR	TE LEGIBLY	
		Signature of Instructor
		Over Printed Name
		2 - 2
APPROVED:		
_		Docieties :
NOTE:	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.

#### **INSTRUCTORS'S COPY**



Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY
Lucban, Quezon

APPLICATION FOR: Completion of Incomplete Grades

			20
The Regi	strar		
	by report the	•	rating of
			College of
			Semester 20
To 20 REASON/S	which was S:	<b>5:</b>	
1st Term Rating			FINAL RATING
2nd Term			
3rd Term			
PLEASE PRINT/ \	WRITE LEGIBLY		
			Signature of Instructor Over Printed Name
APPROVED:			
	Dean		Registrar
NOTE:			
	for completion		for late reporting of grades or des only, not for correction of rating purposes.
IMPORTANT	r.		
OKIANI	-	NOT ALLOWED TO I	HAND CARRY duly accomplished
f			DNALLY by the FACULTY concerned
	to the	OFFICE OF THE UN	NIVERSITY REGISTRAR.
AA-REG-1.05F	2, Rev. 2		

### STUDENT'S COPY



Republic of the Philippines SOUTHERN LUZON STATE UNIVERSITY Lucban, Quezon

1984	Lucban, Quez	on
APPLICATION FOR:	Completion of	Incomplete Grades
		20
The Registrar		
Dear Sir/Madam:		
	the completion	n rating of
	•	e College of
		Semester 20
To 20 which \		
REASON/S:		
112,13011,01		
1st Term Rating		FINAL RATING
3rd Term Rating		
<b>5</b> -		
PLEASE PRINT/ WRITE LEGIBLY	]	
		Signature of Instructor
		Over Printed Name
APPROVED:		
De	an	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.

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