



Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY
Lucban, Quezon

APPLICATION FOR: Completion of Incomplete Grades

REGISTRAR’S COPY

_____ 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.



Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY
Lucban, Quezon

APPLICATION FOR: Completion of Incomplete Grades

INSTRUCTORS’S COPY

_____ 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

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Lucban, Quezon

APPLICATION FOR: Completion of Incomplete Grades

DEAN’S COPY

_____ 20 _____

The Registrar

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_____ 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

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Lucban, Quezon

APPLICATION FOR: Completion of Incomplete Grades

STUDENT’S COPY

_____ 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

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