### **REGISTRAR'S COPY**



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

APPLICATION FOR: Completion of Incomplete Grades

	20
The Registrar	
Dear Sir/Madam:	
•	npletion rating of
	from the College of
	or theSemester 20
To 20 which was:	
REASON/S:	
	_
1st Term Rating	FINAL RATING
2nd Term Rating	
3rd Term Rating	
PLEASE PRINT/ WRITE LEGIBLY	
	Signature of Instructor
	Over Printed Name
APPROVED:	
Dean NOTE:	Registrar
	complished for late reporting of grades or
	omplete grades only, not for correction of
Grades o	or for other rating purposes.
IMPORTANT:	
	LOWED TO HAND CARRY duly accomplished
	itted PERSONALLY by the FACULTY concerned
to the OFFICE	OF THE UNIVERSITY REGISTRAR.
AA-REG-1.05F2, Rev. 2	
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	DEAN'S COPY
Rapublic of	the Philippines
	N STATE UNIVERSITY
	n, Quezon
	tion of Incomplete Grades
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	20
The Registrar	
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Dear Sir/Madam:	alatia a vatina af
	pletion rating of
	om the College of the Semester 20
n for ` To 20 which was:	tile Semester 20
REASON/S:	
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Lst Term Rating	FINAL RATING
and Tarres Dating	
and Term Rating  Brd Term Rating	<del>-</del>
NEASE DRINT/WRITE LEGIBLY	
PLEASE PRINT/ WRITE LEGIBLY	

APPROVED:

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.

Signature of Instructor Over Printed Name

Registrar

## 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.

AA-REG-1.05F2, Rev. 2

### **INSTRUCTORS'S COPY**



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 th	ne completion ra	ating of
	from the (	College of
		Semester 20
Го 20 which wa	is:	
REASON/S:		
1st Torm Dating		INAL RATING
		TIVAL KATING
3rd Term Rating		
PLEASE PRINT/ WRITE LEGIBLY		Cianatura of Instructo
		Signature of Instructor Over Printed Name
		Over Fillited Name
APPROVED:		
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Dean NOTE:	Į.	Registrar
	all be accomplished fo	r late reporting of grades or
for completion	on of incomplete grade	es only, not for correction of
	Grades or for other ra	iting purposes.
MPORTANT:		
	NOT ALLOWED TO HA	AND CARRY duly accomplished
form but should	be submitted PERSON	ALLY by the FACULTY concerned
to th	ne OFFICE OF THE UNIV	/ERSITY REGISTRAR.
AA-REG-1.05F2, Rev. 2		

	STUDENT'S COPY
Republic of the	* *
Lucban, (	
•	n of Incomplete Grades
	20
The Registrar	
Dear Sir/Madam:	
,	etion rating of
	n the College of
	e Semester 20
To 20 which was:	<u> </u>
REASON/S:	
1st Term Rating	FINAL RATING
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:

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AA-REG-1.05F2, Rev. 2