Reference Lence No.: SPC-FO-REG-17 Effectivity Date: January 05, 2025 Revision No.: 01

EVALUATION FORM FOR RETURNEE

College:

Name of Student:

to be taken: Previous Program:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Credited Courses ( Course Title)** | **Course Code** | | **No. of Units** | | **Grades** |
| **PP** | **NP** | **PP** | **NP** |  |
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PP- Previous Program NP-New Program

Total no. of courses credited: Total no. of required courses: Total no. of courses not credited:

Total no. of courses to be taken this semester: 1st sem 2nd sem Midterm

AY

Evaluated by:

(Signature of Evaluator over printed name) Date:

|  |  |  |
| --- | --- | --- |
| Reviewed by: |  | Verified by: |
|  | Dean/Department Chair | Registrar Staff |
|  | Date: | Date: |

Approved by:

University Registrar Date: