

	<b>REQUEST TO COMPLETE COURSE</b>	Document No.: FM-RO-19-01
		Effective Date: July 28, 2017

**BILLING NO.** \_\_\_\_\_  
Amount: \_\_\_\_\_

NAME : \_\_\_\_\_  
Last First Middle

DEGREE PROGRAM/YEAR: \_\_\_\_\_ STUDENT NO.: \_\_\_\_\_

COURSE CODE	SECTION	QTR/AY OBTAINED	INSTRUCTOR'S NAME

I would like to request permission to complete the aboved mentioned course.

Verified by/Date: \_\_\_\_\_  
Students's Signature

Customer Service Section

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**INSTRUCTOR'S COMMENT**

Permission is hereby granted for the student to complete this course.

TYPE OF COMPLETION WORK TO BE DONE \_\_\_\_\_

DATE TO BE COMPLETED \_\_\_\_\_

It is understood that I will submit to the Office of the Registrar the COMPLETION GRADE REPORT form before the deadline indicated on the the form. Please forward the form to me through the student.

Instructor's Signature

**Note :** Accomplish this form in two (2) copies.

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