



Republic of the Philippines
BULACAN STATE UNIVERSITY
Office of the Registrar
City of Malolos, Bulacan
Tel. no. 919-7800 local 1001 or 1002

Control No. _____

Date

To: Prof. _____,

Mr. /Ms. _____, has an
incomplete grade in _____ which he/she
took during the _____ trimester/semester/summer year
20____ - 20_____.

The reason/s for the INCOMPLETE as reflected in the grading sheet is / are
_____.

Please accomplish this form and return to this office not later _____.

ALBERT B. VILLENA
Registrar IV

ACTION TAKEN

PASSED: _____ Rating: _____

FAILED: _____ Rating: _____

Date: _____

NOTED:

Subject Instructor/Professor

Dean

Distribution of copies:

- 1 – Registrar's Office
- 1 – Department Concern
- 1 – Student's Copy

Student's Signature

I.D. No. _____

Course/Year & Section _____