

CENTRO ESCOLAR UNIVERSITY
Manila * Makati * Malolos
Office of the University Registrar/Registrar
Faculty Report on Completion of Grades
(Previous Semester)

Control Number	NAME OF STUDENT	CLASSCODE	SUBJECT	SEMESTER	SCHOOL YEAR	LECTURE			LABORATORY				1ST PERIOD GRADE	2ND PERIOD GRADE	3RD PERIOD GRADE	FINAL RATING				
						CLASS PART.	PERIOD EXAM.	PERIOD GRADE	CLASS PART.	PERIOD EXAM.	PERIOD GRADE	WEIGHTED GRADE								
SUBMITTED BY:			RECOMMENDED BY:			VERIFIED BY:			APPROVED BY:			ATTESTED BY:								
Instructor's Printed Name & Signature			Date		Dean/Acad.Head/ Head of Program of Students		Date		Student Records Assistant In- Charge		Date		University Registrar/ Registrar		Date		Student Records Assistant In-charge		Date	

Copies to: OUR/Registrar, Lecture Faculty, Laboratory Faculty,Dean/Head of Program,Acad. Dept.Head

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