CENTRO ESCOLAR UNIVERSITY Manila * Makati * Malolos Office of the University Registrar/Registrar **Faculty Report on Completion Grades Within the Semester** Prelim Midterm Finals (for graduating) **LECTURE LABORATORY** 2ND PERIOD GRADE 3RD PERIOD GRADE SCHOOL YEAR PERIOD GRADE **WEIGHTED GRADE** SEMESTER PERIOD GRADE PERIOD GRADE Control PERIOD EXAM. PERIOD EXAM. NAME OF STUDENT **CLASSCODE SUBJECT** CLASS PART. CLASS PART. Number 1ST SUBMITTED BY: **VERIFIED BY:** APPROVED BY: ATTESTED BY: Student Records University Registrar/ **Student Records Assistant Date** Date Date **Assistant In-Charge** Registrar In-charge **Instructor's Printed Name & Signature** Date Copies to: OUR/Registrar, Lecture Faculty, Laboratory Faculty, Dean//Head of Program, Acad. Dept. Head **ROF 078** Page 1 of 1 Rev. 1 02/02/2018