



FM-LPU-REGO-08/06
Office of the University Registrar
Tel +63 43 723 0706 loc. 157/158
Telefax +63 43 723 2038

APPLICATION FOR COMPLETION OF GRADES
(Permit for Special Examination)

_____ Date

The Registrar,

I wish to take the completion of examination in:

Subject Code	Subject Description
_____ Prelim	_____ Semi-Finals
_____ Midterm	_____ Finals
	_____ Other requirements

_____ Name of Faculty	_____ Sem / School Year
-----------------------	-------------------------

_____ Student's Name in Print

_____ Student Number	_____ Course
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TO THE STUDENT:

Please verify / claim your Completion Examination form with grade at the Dean's Office, two weeks after you took the examination(s).

Approved by: _____	Amount _____ Accounting Asst. _____
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University Registrar _____	OR No. _____ Cashier _____ Date _____
----------------------------	---

FACULTY'S REPORT

FINAL GRADE	_____
Examination Grade	_____
Date of Examination	_____

_____ Faculty's Signature over Printed Name

Approved by:

_____ Dean	_____ Date
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Registrar's Copy



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University Registrar _____	OR No. _____ Cashier _____ Date _____
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FACULTY'S REPORT

FINAL GRADE	_____
Examination Grade	_____
Date of Examination	_____

_____ Faculty's Signature over Printed Name

Approved by:

_____ Dean	_____ Date
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Accountant's Copy



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_____ Student's Name in Print

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University Registrar _____	OR No. _____ Cashier _____ Date _____
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FACULTY'S REPORT

FINAL GRADE	_____
Examination Grade	_____
Date of Examination	_____

_____ Faculty's Signature over Printed Name

Approved by:

_____ Dean	_____ Date
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Dean's Copy



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_____ Student's Name in Print

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University Registrar _____	OR No. _____ Cashier _____ Date _____
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FACULTY'S REPORT

FINAL GRADE	_____
Examination Grade	_____
Date of Examination	_____

_____ Faculty's Signature over Printed Name

Approved by:

_____ Dean	_____ Date
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Student's Copy