

FM-LPU-REGO-08/07 Office of the University Registrar Tel +63 43 723 0706 loc. 158/159 Telefax +63 43 723 2038



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APPLICATION FOR COMPLETION OF INCOMPLETE GRADES

| The Registrar, | Date | The Registrar, |
|----------------------------|---|---|
| I wish to take the comple | I wish to take th | |
| Course Code | Course Description | Course Code |
| Name of Faculty | Sem School Year | Name of F |
| Reason for incomplete g | rades (please specify): | Reason for inco |
| Student | s Name in Print | |
| Student Number | Program | Student Numbe |
| | ur Completion grade form with e Dean's Office, two weeks after nent(s). | TO THE STUDEN Please verify / corresponding gra you completed the |
| Approved by: | Amount Accounting Asst | Approved by: |
| University Registrar | OR No Cashier Date | University Registra |
| FACULT | ry's report | |
| FINAL GRADE Date Completed | | FINAL GRADE Date Completed |
| Fa Approved by: | culty's Signature over Printed Name | Approved by: |
| Dean | Date | Dean |
| Registrar's Copy | | Accountant's Copy |

APPLICATION FOR COMPLETION OF INCOMPLETE GRADES

| AFFEIGATIONTORG | OWIFEE HOW OF INCOMIFEE TE GRADES | AFFLIOATI |
|---|---------------------------------------|--|
| The Registrar, | Date | The Registra |
| I wish to take the co | I wish to ta | |
| Course Code | Course Description | Course C |
| Name of Facul | ty Sem School Year | Name |
| Reason for incompl | lete grades (please specify): | Reason fo |
| | | |
| Stu | dent's Name in Print | |
| Student Number | Program | Student No |
| corresponding grade a you completed the req | | TO THE STU Please verif correspondin you complete |
| Approved by: | Amount Accounting Asst | Approved by |
| University Registrar | OR No Cashier Date | University Re |
| | CULTY'S REPORT | |
| FINAL GRADE Date Completed | | FINAL GRAI Date Comple |
| Approved by: | Faculty's Signature over Printed Name | Approved by |
| Dean | Date | D |
| Accountant's Copy | | Dean's Copy |

APPLICATION FOR COMPLETION OF INCOMPLETE GRADES Date The Registrar, I wish to take the completion of incomplete grades in: Course Description Course Code Sem School Year Name of Faculty Reason for incomplete grades (please specify): Student's Name in Print Student Number Program TO THE STUDENT: Please verify / claim your Completion grade form with corresponding grade at the Dean's Office, two weeks after you completed the requirement(s). Approved by: Amount Accounting Asst. University Registrar OR No. Cashier Date _____ **FACULTY'S REPORT** FINAL GRADE Date Completed Faculty's Signature over Printed Name Approved by:

Date

Student's Copy

APPLICATION FOR COMPLETION OF INCOMPLETE GRADES

| The Registrar, | Date | |
|-------------------------------|--------------------------------------|--|
| • | oletion of incomplete grades in: | |
| Course Code | Course Description | |
| Name of Faculty | Sem School Year | |
| Reason for incomplete | grades (please specify): | |
| | | |
| Studen | nt's Name in Print | |
| Student Number | Program | |
| you completed the require | AmountAccounting Asst | |
| University Registrar | OR No Cashier Date | |
| FACUL | LTY'S REPORT | |
| FINAL GRADE Date Completed | | |
| | | |
| Approved by: | Faculty's Signature over Printed Nam | |