



FM-LPU-REGO-08/07
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APPLICATION FOR COMPLETION OF INCOMPLETE GRADES

Date _____

The Registrar,

I wish to take the completion of incomplete grades in:

Course Code	Course Description
_____	_____

Name of Faculty	Sem	School Year
_____	_____	_____

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: _____

Dean _____ Date _____

Registrar's Copy

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FACULTY'S REPORT

FINAL GRADE _____
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Faculty's Signature over Printed Name _____

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Dean _____ Date _____

Accountant's Copy

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Student's Copy