

FM-LPU-REGO-08/08 REGISTRAR'S OFFICE Lyceum of the Philippines University-Batangas Capitol Site, Batangas City, 4200 Main: Tel +63 43 723 0706 loc. 158 /159 Telefax +63 43 723 2038 LIMA: Tel +63 43 723 0054 High School: Tel +63 43 741 5761 loc. 103

APPLICATION FOR CO	APPLICATION	
The Degistrer	Date	The Daniel
The Registrar,		The Registrar,
I wish to take the co	mpletion of incomplete grades in:	I wish to tal
Course Code	Course Description	Course Co
Name of Faculty	y Sem School Year	Name
Reason for incomple	ete grades (please specify):	Reason for
Stuc	dent's Name in Print	
Student Number	Program	Student Nur
TO THE STUDENT: Please verify / claim corresponding grade a you completed the requ	` '	Please verify corresponding you completed
Approved by:	Amount Accounting Asst	Approved by:
OIC-Registrar	OR No Cashier Date	OIC-Regis
FAC	CULTY'S REPORT	
FINAL GRADE Date Completed		FINAL GRADI Date Complete
Approved by:	Faculty's Signature over Printed Name	Approved by:
Dean	Date	De
Registrar's Copy		Accountant's (



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Date

APPLICATION FOR COMPLETION OF INCOMPLETE GRADES

Course Code	Course Description
Name of Facult	y Sem School Year
Reason for incompl	ete grades (please specify):
Stu	dent's Name in Print
Student Number	Program
	your Completion grade form with at the Dean's Office, two weeks after uirement(s).
Approved by:	Amount
	Accounting Asst.
OIC-Registrar	
OIC-Registrar	Accounting AsstOR NoCashierDate
OIC-Registrar	Accounting Asst OR No Cashier Date
OIC-Registrar FAC	Accounting Asst OR No Cashier Date CULTY'S REPORT
OIC-Registrar FAC FINAL GRADE Date Completed	Accounting Asst OR No Cashier Date

BATANGAS

FM-LPU-REGO-08/08 REGISTRAR'S OFFICE Lyceum of the Philippines University-Batangas Capitol Site, Batangas City, 4200 Main: Tel +63 43 723 0706 loc. 158 /159 Telefax +63 43 723 2038 LIMA: Tel +63 43 723 0054 High School: Tel +63 43 741 5761 loc. 103

APPLICATION FOR COMPLETION OF INCOMPLETE GRADES

The Registrar,	Date	The Registrar,
I wish to take the com	I wish to take	
Course Code	Course Description	Course Cod
Name of Faculty	Sem School Year	Name o
·	e grades (please specify):	Reason for i
Student's Nam	ne in Print	
Student Number	Program	Student Num
TO THE STUDENT: Please verify / claim y corresponding grade at t you completed the require	TO THE STUDI Please verify corresponding of you completed	
Approved by:	Amount Accounting Asst	Approved by:
OIC-Registrar	OR No Cashier Date	OIC-Registr
FACU	LTY'S REPORT	
FINAL GRADE Date Completed		FINAL GRADE Date Completed
Approved by:	Faculty's Signature over Printed Name	Approved by:
Dean	Date	Dear
Dean's Copy		: Student's Copy



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The Registrar,	Date		
-	ompletion of incomplete	grades in:	
Course Code	Course Description		
Name of Facul	ty Sem	School Year	
Reason for incompl	ete grades (please spe	cify):	
Stu	dent's Name in Print		
Student Number	· ———	Program	
TO THE STUDENT: Please verify / claim corresponding grade a you completed the req Approved by:		ade form with vo weeks after	
	Accounting A	Asst	
OIC-Registrar	Date		
=======================================	=======================================	:========	
FA	CULTY'S REPORT		
FINAL GRADE Date Completed			
Approved by:	Faculty's Signature of	over Printed Name	
Dean	D	ate	