		TION REPORT FORM	Document N	o.: FM-RO-20-01		COMPL	ETION REPORT FORM		Document No.:	FM-RO-20-01
MARÚA	CONTEL		Effective Dat	e: July 28, 2017	MAPÚA	CONTE			Effective Date:	July 28, 2017
NAME			STUDENT NO.		NAME			ST	UDENT NO.	
La	ast	First MI	DEGREE PROGR	RAM/YEAR		Last	First	MI DE	EGREE PROGRAM	//YEAR
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COURSE CODE	SECTION	WHEN OBTAINED	INSTRUCTOR		COURSE COD	E SECTION	WHEN OBTAINED	D IN:	ISTRUCTOR	
TO BE SUBMITTE	O ON OR BEFORE :	Verified by/Date:	<u> </u>		TO BE SUBMITT	ED ON OR BEFORE :	Verified by	v/Date:		
			Customer Ser	vice Section				-	Customer Servic	e Section
						BY INSTRUCTOR				
TO BE FILLED IN BY INSTRUCTOR Nature of completion work done:					Nature of completion work done:					
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NEW	GRADE				NE	W GRADE				
Recommending Approval: Submitted by:					Recommending	Recommending Approval:		Submitted by:		
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Dean/Chairperson's Signature / Date Instructor's Signature/Date				re/Date	Dean/Chairperson's Signature / Date Instructor's Signature/Date					Date
APPROVED FOR I	POSTING:				APPROVED FOR	R POSTING:				
UNIVERSITY REGISTRAR FOR RO PERSONNEL O			INLY		UNI	UNIVERSITY REGISTRAR		FOR RO PERSONNEL ONLY		
Copy for : Office of the Registrar - Green			BY:	DATE:	Copy for : Offi	Copy for : Office of the Registrar - Green			BY:	DATE:
Stude	nt's Summary - Pink	ENCODED			Stuc	dent's Summary - Pink	ENCODED			

Student - Yellow

	BY:	DATE:
ENCODED		
SUMMARY UPDATED		
COMPLETION LIST UPDATED		

Student - Yellow

FOR RO PERSONNEL ONLY		
	BY:	DATE:
ENCODED		
SUMMARY UPDATED		
COMPLETION LIST UPDATED		