

	<b>COMPLETION REPORT FORM</b>	Document No.: FM-RO-20-01
		Effective Date: July 28, 2017

<b>NAME</b>			<b>STUDENT NO.</b>
Last	First	MI	
<b>NATIONALITY :</b> _____			

<b>COURSE CODE</b>	<b>SECTION</b>	<b>WHEN OBTAINED</b>	<b>INSTRUCTOR</b>
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TO BE SUBMITTED ON OR BEFORE : \_\_\_\_\_ Verified by/Date: \_\_\_\_\_  
 \_\_\_\_\_ Customer Service Section

TO BE FILLED IN BY INSTRUCTOR

	<b>Nature of completion work done:</b>
	_____
	_____
	_____

Recommending Approval: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Dean/Chairperson's Signature / Date  
 APPROVED FOR POSTING:

Instructor's Signature/Date

**UNIVERSITY REGISTRAR**  
*Copy for :* Office of the Registrar - Green  
 Student's Summary - Pink  
 Student - Yellow

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

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