Republic of the Philippines
**CAVITE STATE UNIVERSITY**
**Don Severino delas Alas Campus**
Indang, Cavite

# REPORT OF COMPLETION

_____
Date

**THE UNIVERSITY REGISTRAR**

Thru the College of _____
This University

Sir/Madam:

Please be informed that Mr./Mrs./Miss _____, with Student Number _____, under the program _____, major in _____ has removed the grade of "4.0" or completed the requirements for the grade of "Incomplete" on the subjects indicated below:

| Subject Code | Previous Grade | Semester/AY Taken | Final Grade |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

_____
Signature Over Printed Name of Instructor

Noted by:

_____
Department Chairman
Date: _____

Recommending Approval:

_____
College Registrar
Date: _____

Approved by:

_____
College Dean
Date: _____

*(To be prepared in triplicate. Copy 1 – University Registrar; Copy 2 – College Registrar; Copy 3 – Student)*