



**GRADE COMPLETION FORM**

Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Program/Year: \_\_\_\_\_  
Semester: \_\_\_\_\_ First \_\_\_\_\_ Second \_\_\_\_\_ Off-Semester \_\_\_\_\_ School Year: \_\_\_\_\_  
Please Check: (\_\_\_\_\_) Incomplete (INC) (\_\_\_\_\_) In-Progress (InP)

Course Code: \_\_\_\_\_ Course Title: \_\_\_\_\_ Units: \_\_\_\_\_

Removal Completion Grades \_\_\_\_\_

Date Completed/Removed: \_\_\_\_\_

Noted by: \_\_\_\_\_

\_\_\_\_\_  
Instructor/Professor

\_\_\_\_\_  
Program Head

Received by: \_\_\_\_\_  
Date/Time Received: \_\_\_\_\_

Encoded by: \_\_\_\_\_  
Date Encoded: \_\_\_\_\_

Confirmed through BOT Resolution No. 2017-035



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