U.P. LOS BAÑOS

DEFERRED GRADE COMPLETION SHEET

Copy for: _____

		COURSE NAME AND NUMBER/SECTION	UNITS	SEM	SCHOOL YEAR
				Second	2019-2020

TITLE:

Completion of adjusted course requirement:

Date:_____

Sem/Term: 2nd Sem 2019-2020 ☐ Midyear 2020 ☐ 1st Sem 2020-2021 ☐ 2nd Sem 2020-2021 ☐

COUNT	STUDENT NO.	STUDENT NAME	FINAL GRADE	REMARKS

_____
DEPARTMENT CHAIR / INSTITUTE DIRECTOR

_____
PROFESSOR'S / INSTRUCTOR'S NAME IN PRINT

_____
SIGNATURE