



FM-LPU-REGO-08/06  
Office of the University Registrar  
Tel +63 43 723 0706 loc. 157/158  
Telefax +63 43 723 2038

**APPLICATION FOR COMPLETION OF GRADES**  
(Permit for Special Examination)

\_\_\_\_\_ Date

The Registrar,

I wish to take the completion of examination in:

Subject Code	Subject Description
_____ Prelim	_____ Semi-Finals
_____ Midterm	_____ Finals
	_____ Other requirements

_____ Name of Faculty	_____ Sem / School Year
-----------------------	-------------------------

_____ Student Number	_____ Student's Name in Print
----------------------	-------------------------------

\_\_\_\_\_ Course

**TO THE STUDENT:**

Please verify / claim your Completion Examination form with grade at the Dean's Office, two weeks after you took the examination(s).

Approved by: \_\_\_\_\_ Amount \_\_\_\_\_  
Accounting Asst. \_\_\_\_\_

University Registrar \_\_\_\_\_ OR No. \_\_\_\_\_  
Cashier \_\_\_\_\_  
Date \_\_\_\_\_

**FACULTY'S REPORT**

**FINAL GRADE** \_\_\_\_\_  
Examination Grade \_\_\_\_\_  
Date of Examination \_\_\_\_\_

\_\_\_\_\_ Faculty's Signature over Printed Name

Approved by:

\_\_\_\_\_ Dean \_\_\_\_\_ Date

Registrar's Copy



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Examination Grade \_\_\_\_\_  
Date of Examination \_\_\_\_\_

\_\_\_\_\_ Faculty's Signature over Printed Name

Approved by:

\_\_\_\_\_ Dean \_\_\_\_\_ Date

Accountant's Copy



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Dean's Copy



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Examination Grade \_\_\_\_\_  
Date of Examination \_\_\_\_\_

\_\_\_\_\_ Faculty's Signature over Printed Name

Approved by:

\_\_\_\_\_ Dean \_\_\_\_\_ Date

Student's Copy