



Republic of the Philippines
University of Southeastern Philippines
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Form No.	FM-USEP-COG-01
Issue Status	01
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Date Effective	13 July 2020
Approved by	President

REQUEST FOR COMPLETION OF GRADE

_____ Date

The Dean
 College of _____

Sir/Madam:

This is to request for completion of my grade in:

Subject No.:	Description:		
Semester Taken: <input type="checkbox"/> 1 st Sem., SY, 20__ - 20__	<input type="checkbox"/> 2 nd Sem., SY, 20__ - 20__	<input type="checkbox"/> Summer, 20__	
Faculty Name:			

VERIFIED BY:

 In-Charge
 Date Verified: _____

Student's Signature Over-Printed Name
ID Number: _____

O.R.# : _____
Date Paid : _____
Amount Paid (Php) : _____

COMPLETION REPORT

Name:		Program/Major/Year:	
Subject No.:	Description:		Units:
Enrolled during: <input type="checkbox"/> 1 st Sem., SY, 20__ - 20__	<input type="checkbox"/> 2 nd Sem., SY, 20__ - 20__	<input type="checkbox"/> Summer, 20__	

RESULT: Completed Not Completed

Final Grade: [_____]

Date Completed: [_____]

APPROVED:

Dean

Faculty Name and Signature

Approved by:

Registrar's Signature over Printed Name

Date