



BULACAN STATE UNIVERSITY
Office of the Registrar
City of Malolos, Bulacan

_____ Date

To: Prof. _____

Mr. /Ms. _____, has an incomplete grade in _____ which he/she took during the _____ semester/summer year 20 _____.

The reason /s for the INCOMPLETE as reflected in the grading sheet is/are _____.

Please accomplish this form and return to this office not later than _____.

LEILANI M. LIZARDO
Registrar IV

ACTION TAKEN:

PASSED _____ Rating : _____

FAILED _____ Rating : _____

Date: _____

Subject Instructor/Professor

NOTED:

DEAN

Distribution of copies:

- 1- Registrar's Office
- 1- Department Concern
- 1- Student's Copy

Student's Signature

I.D. No. _____

Course/Year & Sec: _____