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: ____________