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Republic of the Philippines

**BULACAN STATE UNIVERSITY**

*Office of the Registrar*

City of Malolos, Bulacan

Tel. no. 919-7800 local 1001 or 1002

**Control No. \_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

To: Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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

ALBERT B. VILLENA

Registrar IV

ACTION TAKEN

PASSED: \_\_\_\_\_\_\_\_ Rating: \_\_\_\_\_\_\_\_\_\_

FAILED: \_\_\_\_\_\_\_\_ Rating: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTED: Subject Instructor/Professor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean

Distribution of copies:

1 – Registrar’s Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 – Department Concern Student’s Signature

1 – Student’s Copy I.D. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course/Year & Section \_\_\_\_\_\_\_\_\_

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