

LA CONSOLACION COLLEGE CALOOCAN
CALOOCAN CITY, METRO MANILA
OFFICE OF THE REGISTRAR

APPLICATION FOR COMPLETION OF GRADES

THE REGISTRAR
LA CONSOLACION COLLEGE, CALOOCAN CITY

DATE

Dear Sister;

I wish to apply for completion in the subject _____ during the _____ Sem.
of SY _____ under _____
(Name of Professor/Instructor)

N.B. Completion Examination shall be

Removed within a year from
the SY the Subject was taken.

Name of Student/Course/Year

THE COLLEGE DEAN
LA CONSOLACION COLLEGE, CALOOCAN CITY

Dear Sister;

Per records kept on file, Ms/Mr. _____ has
obtained a grade of "INCOMPLETE" in _____ during the _____
Sem. SY _____ (Subject)

under _____
(Name of Professor/Instructor)

REGISTRAR

FINANCE

Paid under O.R. No. _____ in the amount of _____
DATED _____

CASHIER

PROFESSOR: _____
LA CONSOLACION COLLEGE, CALOOCAN CITY

Sir/Madam;

You are hereby authorized to administer a Completion Request in
_____ on _____ which he/she obtained a grade of
"INCOMPLETE" under _____ result of which shall be submitted to
the Office within two days after said examination.

COLLEGE DEAN

THE COLLEGE DEAN
LA CONSOLACION COLLEGE, CALOOCAN CITY

Sir/Madam;

I hereby report the grade of _____ in _____ for the
_____ Sem. SY _____ which was reported INCOMPLETE due to _____ with
a final grade of _____
(write in figure and in word)

(Prof. Signature over Printed Name)