

REG OFC FORM: _____

- COLLEGE LEVEL
- GRADUATE SCHOOL



Republic of the Philippines
UNIVERSITY OF RIZAL SYSTEM
 Province of Rizal
OFFICE OF THE REGISTRAR
 _____ Campus
COMPLETION FORM

Subject/s - _____

INC LAPSED

DUE DATE: _____
 Amount to be paid: _____
(Registrar Use Only)

SURNAME _____ FIRST NAME _____ MI _____ DATE _____

COLLEGE _____ COURSE/MAJOR _____ STUD NO. _____

	SUBJECTS	TERM TAKEN SEM/SY	INSTRUCTOR	INSTRUCTOR SIGNATURE	RATING	REMARKS
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

Contact Number/s: _____
 OR Number _____
 Date of OR _____

APPROVED: _____
 Registrar

NOTE: A Copy of this form shall be submitted at the Registrar's Office

Reminders: Application of completion of grade/s must be done within one year from the mark of incomplete was received.
 URS-AA-RG-F-2017-0002

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