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-2017-02 Rev. 00 Effectivity Date: August 15, 2017

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