CENTRO ESCOLAR LAS PIÑAS

APPLICATION FOR SPECIAL EXAMINATION DURING THE_____SEMESTER SY _____

School/Department:_____Campus:_____Student No.:_____

Name:_____Email Address_____

Degree Program:_____Year Level _____

CLASS CODE	COURSES BEING APPLIED FOR SPECIAL EXAMINATION	NAME OF TEACHER

Verified by:

_____

Signature of Registrar Staff & Date

Received by:

_____

Signature of Dean/Head & Date

CENTRO ESCOLAR LAS PIÑAS

Office of the Registrar

Faculty Report on Completion of Grades
(Previous Semester)

Control Number	NAME OF STUDENT	CLASS CODE	SUBJECT	SEMESTER	SCHOOL YEAR	LECTURE			LABORATORY				1ST PERIOD GRADE	2ND PERIOD GRADE	3RD PERIOD GRADE	FINAL RATING
						CLASS PART.	PERIOD EXAM.	PERIOD GRADE	CLASS PART.	PERIOD EXAM.	PERIOD GRADE	WEIGHTED GRADE				

SUBMITTED BY:		RECOMMENDED BY:		VERIFIED BY:		APPROVED BY:		ATTESTED BY:	
Instructor's Printed Name & Signature	Date	Dean/Acad.Head/ Head of Program of Students	Date	Student Records Assistant In-Charge	Date	Registrar	Date	Student Records Assistant In-charge	Date

Copies to: Registrar, Lecture Faculty, Laboratory Faculty,Dean/Head of Program,Acad. Dept.Head

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09/01/2016