



La Consolacion College Tanauan

A. Mabini Ave., Tanauan City

Office of the Registrar

R – Form 10

APPLICATION FOR COMPLETION OF INCOMPLETE GRADES

To College Registrar:

I wish to apply for completion in _____ (Subject) taken during the _____ Semester of the Academic Year _____ under Mr. / Ms. / Sr. _____.

PRINT NAME OF STUDENT / COURSE / YEAR

**All fields are required to write the grade entries.*

PRELIM	MIDTERM	PRE-FINAL	AVERAGE
			FINAL GRADE

2

NAME & SIGNATURE OF PROFESSOR

Approved by:

3

ACADEMIC DEAN

1 Verified by: _____
RECORDS OFFICER (*Registrar's Office*)

4

REGISTRAR

5

CASHIER

IMPORTANT:

- ❖ Completion of academic grades should be complied within 45 days.
- ❖ To be accomplished in triplicate: COPY FOR: Registrar / Finance / Student
- ❖ This application shall only be valid upon completion & submission to the Registrar's Office.

***Not valid unless countersigned by the Cashier**