



REMOVAL EXAMINATION / GRADE COMPLETION FORM

Date: _____

Mr./Mrs./Miss _____ with student I.D. # _____
is hereby permitted to take

- a. _____ Removal Examination for Incomplete Grade
- b. _____ Removal Examination for Conditional Grade
- c. _____ Waiver Examination
- d. _____ Steps for completion of course requirements other than test in the
Subject (Course No. & Sec.) _____ taken during the _____
semester, school year _____.

Recommending Approval:

Assessment:

Department Chairman
(Signature over Printed Name)

No Fee

With fee of Php _____

OR No.: _____

Dated: _____

TO BE administered and rated by:

APPROVED:

Faculty
(Signature over Printed Name)

Registrar/Assessor

DO NOT DETACH
