



PATEROS TECHNOLOGICAL COLLEGE
College Street, St. Rosario Kanluran Pateros Metro Manila

COMPLETION FORM

Date: _____

Student Name _____ Program _____ Student ID No. _____

SUBJECTS	TERM TAKEN SEM/SY	INSTRUCTOR'S NAME	INSTRUCTOR'S SIGNATURE	RATING	REMARKS

Verification:

_____ For Completion until _____.
_____ Lapsed, for re-take.

OR No. _____

Date: _____

Verified by:

Registrar Staff

Approved by:

MELISSA L. PATCO
College 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.



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