

**LYCEUM OF THE PHILIPPINES LAGUNA**

Km. 54 Makiling, Calamba City, Laguna

Office of the Registrar

Tel / Fax No.: (049) 502-0975

APPLICATION FOR COMPLETION OF GRADES

(Permit for Special Examination)

Date

Name: _____

Student Number: _____

Program/Course: _____

Semester: _____ School Year: _____

Prelim Semi-Finals
 Midterm Finals

Course Code _____ Course Title _____

Reason: Late Payment / Financial Problem (Official Receipt)
 Sick (Medical Certificate / Letter from the Parents)
 Funeral / Accident (Death Certificate & Letter from Parent)

Noted by: _____ Recommended by: _____

Faculty's Signature over Printed Name _____ Dean / Chairperson _____

Approved by: _____ Treasury Office: _____

Amount: _____

Registrar _____ OR No.: _____

Cashier: _____

Date: _____

TO THE STUDENT:
 Please verify / claim your copy of Completion Examination form with grade at the Dean's Office, 1 week after the examination(s).

FACULTY'S REPORT**GRADE**

Examination Grade _____

Date of Examination _____

Faculty's Signature over Printed Name _____

Approved by: _____

Dean _____ Date _____

Registrar's Copy _____

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FM-LPU-L-REGO-18
 Revision: 04
 Effective: August 1, 2019

