



LYCEUM OF THE PHILIPINES 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
- ☐ Midterm
- ☐ Semi-Finals
- ☐ 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:

Registrar Amount: \_\_\_\_\_  
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  
FM-LPU-L-REGO-18  
Revision: 04  
Effective: August 1, 2019



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