

INSTRUCTIONS:

- ✓ Please use **BLUE** ballpen.
- ✓ Please **AVOID** erasures.
- ✓ If erasure cannot be avoided, please **DO NOT use correction tape/fluid** in erasing. Just strikethrough the text and write the correct text on top and countersigned by the one making the erasure as shown in the image below:

~~undergraduate~~
graduate

UNIVERSITY REGISTRAR

1/F Administration Building
Visca, Baybay City, Leyte
Telefax: +63 53 563 7067; +63 53 565 0600
local 1010
Email: registrar@vsu.edu.ph
Website: www.vsu.edu.ph

ADE COMPLETION

O.R. # 0694256
Date 09-03-2024
Amount ₱ 100.00

	Date	Signature
Posted in:		
Stud. Perm Rec	___	___
Grade Sheet	___	___
Form 19	___	___
Computer	___	___

Date Issued : 09-03-2024 Valid Until: 1st Sem. SY 2024-2025 Issued by: [Signature]
 Incomplete Grades Obtained : 1st Sem. SY: 2023-2024
 Course No. and Descriptive Title: Agro 1A7 METHODS OF AGRICULTURAL RESEARCH Unit: 3
 Name of Professor : NELLO DEBRACIA HORNE Department/Division: Agromony
 College (where subjects belong) : COLLEGE OF AGRICULTURE AND FOOD SCIENCE

Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
	Family Name	First Name	Middle Name				
19-1-02292	ASPIRAN	JUD-VEE	VARRON	BSA-4	Agro 1A7	9.00	Pass

<p>Submitted by:</p> <p><u>[Signature]</u> NELLO D. HORNE Instructor/Professor's Signature Over Printed Name Date: <u>9/4/24</u></p>	<p>Approved :</p> <p><u>[Signature]</u> LUZ G. ASIO Department Head Signature Over Printed Name Date: _____</p>	<p>Received by:</p> <p>_____ Registrar's Office Signature Over Printed Name Date: _____</p>
---	--	--

Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head