



**COLLEGE OF PHARMACY**  
**University of the Philippines Manila**  
**Taft Avenue cor. Pedro Gil., Ermita, Manila**

**REPORT OF RECORDS FOR COMPLETION/REMOVAL GRADE**

Course No. & Section	Course Title	Units
Student Number	Student Name (Family, First, Middle)	College
Original Grade	Semester/Summer, School Year Incurred	Date of Removal/Completion
Final Grade	Remarks	

TO THE PROFESSOR: Removal/Completion grade should be submitted not later than five (5) working days after the date of removal/completion.

\_\_\_\_\_  
Signature of the Department Chair

\_\_\_\_\_  
Printed Name of the Professor/Instructor

\_\_\_\_\_  
Signature of the Professor/Instructor



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