

## 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/Comple removal/comple	etion grade should be submitted not later than five (5) tion.	working days after the date of
Signature of the Department Chair	Printed Name of the Professor/Instructor	Signature of the Professor/Instructor
UP FORM 5  REPORT	COLLEGE OF PHARMACY University of the Philippines Manila Taft Avenue cor. Pedro Gil., Ermita, Manila T OF RECORDS FOR COMPLETION/REMOVA	Dean's Copy L GRADE
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