



University of the Philippines
Manila

REPORT OF GRADE FOR COMPLETION or REMOVAL

Name: _____ Student number: _____
Degree Program: BSP / BSPPS / MSP / MSPS / MSSAP College: Pharmacy
Course code: _____ Units: _____
Course Title: _____ Term: 1S 2S MY 1T 2T 3T
Academic Year: _____

Original Grade: <input type="checkbox"/> 4 <input type="checkbox"/> INC	Completion/Removal Grade: <input type="checkbox"/> 1 <input type="checkbox"/> 1.25 <input type="checkbox"/> 1.50 <input type="checkbox"/> 1.75 <input type="checkbox"/> 2 <input type="checkbox"/> 2.25 <input type="checkbox"/> 2.50 <input type="checkbox"/> 2.75 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> P <input type="checkbox"/> F	Date of Completion: _____
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Name and signature of Instructor Date Name and signature of Department Chair Date

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UP Form 13C Copy for College



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