



MABALACAT CITY COLLEGE

OFFICE OF THE COLLEGE REGISTRAR

GRADE COMPLETION FORM

This is to certify that Mr./Ms. _____ (_____),
(Student's Full Name) (Student ID No.)

_____ has satisfactorily completed the requirements in the:
(Year & Program)

COURSE CODE	DESCRIPTIVE TITLE	GRADING PERIODS				REMARKS (Passed/Failed)
		Prelim	Midterm	Finals	Average	

Which was taken during the _____ Semester/Summer of the Academic Year 20__ - 20__, with a semestral grade of _____.

CERTIFIED TRUE AND CORRECT:

I hereby certify that I have checked and verified the grade of the student stated above; and that all required evidences were submitted and found to be in order.

Field of Study Head/Institute Dean

Approved by: _____ Institute Dean _____ Date	Posted by: _____ College Registrar _____ Date Received and Posted
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NOTE: Submit this duly accomplished form in triplicate copy to the Registrar's Office within **two (2) days from the date of completion** together with the class record showing grade computation, results of removal/special final examination and/or a copy of the submitted documents required for completion. **Completion of grade is valid for one (1) academic year.**

Rizal Street Barangay Dolores, Mabalacat City, Pampanga, Philippines

info@mcc.edu.ph | MCC.edu.ph



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