

MSU- ILIGAN INSTITUTE OF TECHNOLOGY OFFICE OF THE REGISTRAR

Postal Address: P.O. Box 5644, 9200 Iligan City, Philippines Telephone/Fax: +63 (63) 223-3794

Website: http://www.msuiit.edu.ph/academics/offices/registrar/
Email: registrar@g.msuiit.edu.ph

REMOVAL EXAMINATION / GRADE COMPLETION FORM

					Date: _			
Mr./Mrs./Miss		with student I.D. #						
is hereby permitted	to take							
	_Removal Examination for							
bRemoval Examination for Conditional Grade cWaiver Examination								
	_Steps for completion							
	(Course No. & Sec.) school year			taken	during	the _		semester,
Recommending Approval:		Assessment:						
				No Fee				
Department Chairman (Signature over Printed Name)								
(Signature	over Fillited Name)			With fee	of Php			
TO BE administered and rated by:				Dated: _				
			APPRO\	/ED:				
	FACULTY							
(Signat	ure over Printed Name)							
	Registrar/Assessor							
		DO NOT D	ETACH					
		REPORT OF						
NAME OF STUDENT	Γ:							
Family Name			Given Name				Middle	e Initial
COURSE NO. & SEC	2		For:	;	Semestei	, S.Y		
DESCRIPTIVE TITL	E:							
GRADES OBTAINED:		_	CREDITS:		units	3		
CPADE given by:								
ON-DE given by	-	Received at Registrar's Office:						
	FACULTY		Date: _			by:		
(Signat	ure over Printed Name)							
Date of giving grad	e	-						