



University of the Philippines
MINDANAO
REPORT OF GRADE FOR COMPLETION or REMOVAL

Name: _____
Degree Program: _____

Student number: _____
College: _____

Course code: _____

Units: _____

Course Title: _____

Term: ☐ 1S ☐ 2S ☐ MY ☐ 1T ☐ 2T ☐ 3T

Academic Year: _____

Original Grade:	Completion/Removal Grade:	Date of Completion:
<input type="checkbox"/> 4 <input type="checkbox"/> INC	<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	

Name and signature of Instructor

Date _____

Name and signature of Department Chair

Date

>>>.....
UP Form 13C

-----<<<
Copy for College



University of the Philippines
MINDANAO
REPORT OF GRADE FOR COMPLETION or REMOVAL

Name: _____
Degree Program: _____

Student number: _____
College: _____

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"/> P <input type="checkbox"/> F	Date of Completion:
---	---	----------------------------

Name and signature of Instructor

Date

Name and signature of Department Chair

Date

UP Form 13C

Copy for Student <<<



University of the Philippines
MINDANAO
REPORT OF GRADE FOR COMPLETION or REMOVAL

Name: _____
Degree Program: _____

Student number: _____
College: _____

Course code: _____

Units: _____

Course Title: _____

Term: ☐ 1S ☐ 2S ☐ MY ☐ 1T ☐ 2T ☐ 3T

Academic Year: _____

Original Grade:	Completion/Removal Grade:	Date of Completion:
<input type="checkbox"/> 4 <input type="checkbox"/> INC	<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"/> P <input type="checkbox"/> F	

Name and signature of Instructor

Date

Name and signature of Department Chair

Date