Republic of the Philippines

EASTERN VISAYAS STATE UNIVERSITY

Ormoc Campus

***STUDENTS’ COPY***

**REMOVAL/COMPLETION FORM**

Semester: \_\_\_\_\_\_\_\_\_ S.Y. Taken: \_\_\_\_\_\_\_\_\_\_\_\_

Subject: \_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course/Yr: \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Removal/Completion Grade Remarks

Certified Correct: Noted: Received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENELYN M. CALZADA, DMT

 *Instructor Dept. Head Registrar Designate*

O.R#: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Cashier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Republic of the Philippines

EASTERN VISAYAS STATE UNIVERSITY

Ormoc Campus

***DEPARTMENT HEADS’ COPY***

**REMOVAL/COMPLETION FORM**

Semester: \_\_\_\_\_\_\_\_\_ S.Y. Taken: \_\_\_\_\_\_\_\_\_\_\_\_

Subject: \_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course/Yr: \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Removal/Completion Grade Remarks

Certified Correct: Noted: Received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENELYN M. CALZADA, DMT

 *Instructor Dept. Head Registrar Designate*

O.R#: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Cashier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Republic of the Philippines

EASTERN VISAYAS STATE UNIVERSITY

Ormoc Campus

***REGISTRARS’ COPY***

**REMOVAL/COMPLETION FORM**

Semester: \_\_\_\_\_\_\_\_\_ S.Y. Taken: \_\_\_\_\_\_\_\_\_\_\_\_

Subject: \_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course/Yr: \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Removal/Completion Grade Remarks

Certified Correct: Noted: Received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENELYN M. CALZADA, DMT

 *Instructor Dept. Head Registrar Designate*

O.R#: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Cashier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Republic of the Philippines

EASTERN VISAYAS STATE UNIVERSITY

Ormoc Campus

***INSTRUCTORS’ COPY***

**REMOVAL/COMPLETION FORM**

Semester: \_\_\_\_\_\_\_\_\_ S.Y. Taken: \_\_\_\_\_\_\_\_\_\_\_\_

Subject: \_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course/Yr: \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Removal/Completion Grade Remarks

Certified Correct: Noted: Received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENELYN M. CALZADA, DMT

 *Instructor Dept. Head Registrar Designate*

O.R#: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Cashier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_