

NAVOTAS POLYTECHNIC COLLEGE

Bangus St., North Bay Boulevard South, Navotas City

**REQUEST FORM
FOR REMOVAL OF INCOMPLETE (INC.) GRADE**

_____ Date

The Registrar
Navotas Polytechnic College

Dear Madam:

I would like to request for the removal of my
INCOMPLETE (INC.) grade in:

Subject Code: _____
Subject Title: _____
Units: _____
Day: _____
Time: _____ 1st 2nd Sem.
Course/Yr./Sec. _____ A.Y. 20 ____ -20 ____

SIGNATURE OVER PRINTED NAME OF STUDENT

CERTIFICATION

I hereby certify that Mr./Ms. _____
was my student in the subject indicated above, and that
he/she was given such grade because of the following
reason(s):

Upon satisfactory completion of the required
_____ (basis of completion)
on _____ (date), his/her grade of ____ is
INCOMPLETE (INC.) is hereby changed to _____ and made
a matter of record.

SIGNATURE OVER PRINTED NAME OF PROFESSOR

COLLEGE REGISTRAR

(Student's Copy)

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COLLEGE REGISTRAR

(Professor's Copy)

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COLLEGE REGISTRAR

(Registrar's Copy)