



LPU-St. Cabrini School of Health Sciences, Inc.
 Km. 54 Makiling, Calamba City, Laguna
Office of the Registrar
 Tel / Fax No.: (049) 502-0975

APPLICATION FOR COMPLETION OF GRADES
 (Permit for Special Examination)

_____ Date

Name: _____
 Student Number: _____
 Program/Course: _____
 Semester: _____ School Year: _____
 Prelim Semi-Finals
 Midterm Finals

Course Code _____ Course Title _____
 Reason: Late Payment / Financial Problem (Official Receipt)
 Sick (Medical Certificate / Letter from the Parents)
 Funeral / Accident (Death Certificate & Letter from Parent)

Noted by: _____ **Recommended by:** _____
 Faculty's Signature over Printed Name _____ Dean / Chairperson _____

Approved by: _____ **Treasury Office:** _____
 Registrar _____ Amount: _____
 OR No.: _____
 Cashier: _____
 Date: _____

TO THE STUDENT:
 Please verify / claim your copy of Completion Examination form with grade at the Dean's Office, 1 week after the examination(s) .

FACULTY'S REPORT

GRADE _____
 Examination Grade _____
 Date of Examination _____

 Faculty's Signature over Printed Name

Approved by: _____
 _____ Date _____

Registrar's Copy
 FM-LPU-SC-REGO-18
 Revision: 04
 Effective: August 1, 2019



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