



**METROPOLITAN MEDICAL CENTER  
COLLEGE OF ARTS, SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR**

**REPORTS OF COMPLETION OF INCOMPLETE GRADE**

Student no: \_\_\_\_\_ Course /Sec: \_\_\_\_\_  
Date \_\_\_\_\_ Official Receipt No: \_\_\_\_\_

***THE DEAN***

Metropolitan Medical Center College of Arts, Science and Technology

Sir/Madam:

I hereby report the grade of \_\_\_\_\_ in \_\_\_\_\_ for the 1<sup>st</sup>/2<sup>nd</sup> semester/Summer S.Y. \_\_\_\_\_  
(Surname First name Middle name)  
which was reported incomplete due to \_\_\_\_\_. His/Her final grade is \_\_\_\_\_.  
(Specify the cause)

\_\_\_\_\_  
Signature of Instructor over printed name

Approved by:

Noted by:

\_\_\_\_\_  
DEAN -College of Nursing / MIT

**AMELIA B. FERNANDEZ**  
Registrar

Date: \_\_\_\_\_

**Student's Copy**

Form No: MMC-CAST\_Reg. 006



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