



**MSU- ILIGAN INSTITUTE OF TECHNOLOGY  
OFFICE OF THE REGISTRAR**

Postal Address: P.O. Box 5644, 9200 Iligan City, Philippines  
Telephone/Fax: +63 (63) 223-3794  
Website: http://www.msuit.edu.ph/academics/offices/registrar/  
Email: registrar@g.msuit.edu.ph

**REMOVAL EXAMINATION / GRADE COMPLETION FORM**

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

Mr./Mrs./Miss \_\_\_\_\_ with student I.D. # \_\_\_\_\_  
is hereby permitted to take

- a. \_\_\_\_\_ Removal Examination for Incomplete Grade
- b. \_\_\_\_\_ Removal Examination for Conditional Grade
- c. \_\_\_\_\_ Waiver Examination
- d. \_\_\_\_\_ Steps for completion of course requirements other than test in the Subject  
(Course No. & Sec.) \_\_\_\_\_ taken during the \_\_\_\_\_ semester,  
school year \_\_\_\_\_.

Recommending Approval:

Assessment:

\_\_\_\_\_  
Department Chairman  
(Signature over Printed Name)

No Fee

With fee of Php \_\_\_\_\_  
OR No.: \_\_\_\_\_

Dated: \_\_\_\_\_

TO BE administered and rated by:

APPROVED:

\_\_\_\_\_  
FACULTY  
(Signature over Printed Name)

\_\_\_\_\_  
Registrar/Assessor

-----  
*DO NOT DETACH*  
-----

**REPORT OF GRADES**

NAME OF STUDENT: \_\_\_\_\_  
Family Name Given Name Middle Initial

COURSE NO. & SEC. \_\_\_\_\_ For: \_\_\_\_\_ Semester, S.Y. \_\_\_\_\_

DESCRIPTIVE TITLE: \_\_\_\_\_

GRADES OBTAINED: \_\_\_\_\_

CREDITS: \_\_\_\_\_ units

GRADE given by: \_\_\_\_\_

Received at Registrar's Office:

\_\_\_\_\_  
FACULTY  
(Signature over Printed Name)

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

Date of giving grade \_\_\_\_\_

**TO THE STUDENT:**

*Accomplish in 3 copies – first copy (original) for Registrar, second copy for Department, third copy for student; AFTER GRADE IS ENTERED, student should not be allowed to carry this form to the Registrar's Office. Such transmittal should be made by the Faculty or the Dean's/Director's Office.*