

REQUEST TO COMPLETE COURSE SHEET

GUIDELINES

- (1) THIS FORM IS FOR FACULTY USE TO REQUEST FOR COMPLETION OF COURSES WITH "INC" OR "C1" GRADES. THIS APPLICATION SHALL BE PROCESSED DURING THE FIRST WEEK OF THE SUCCEEDING TERM.
- (2) FACULTY FILLS OUT THIS FORM AND SUBMITS TO THE CLUSTER COORDINATOR FOR VERIFICATION AND TO THE PRINCIPAL FOR APPROVAL.

TERM/ SY	FACULTY MEMBER	COURSE CODE	COURSE TITLE	CLUSTER

	STUDENT NUMBER	STUDENT S NAME	STRAND	SECTION	SY/ TERM OBTAINED	TYPE OF COMPLETION WORK TO BE DONE	DATE OF COMPLETION
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**Use as many pages as necessary.*

VERIFIED BY (CLUSTER COORDINATOR):
SIGNATURE OVER PRINTED NAME/ DATE

APPROVED BY (PRINCIPAL)
SIGNATURE OVER PRINTED NAME/ DATE

RECEIVED BY : (RO)
SIGNATURE OVER PRINTED NAME / DATE

COPY: (1) REGISTRAR'S OFFICE (2) ACCOUNTING OFFICE (3) FACULTY

FORM SHS-001-04

THIS FORM IS AVAILABLE AT THE MCL SENIOR HIGH SCHOOL PRINCIPAL'S OFFICE