

 WCC AERONAUTICAL & TECHNOLOGICAL COLLEGE Canarvacanan, Binalonan, Pangasinan 2436		COMPLETION FORM						
Semester _____		Date: _____						
Student No.: _____		Program/Course : _____		OR No.: _____				
Student Name: _____		Amount Paid: _____						
SUBJECT CODE	SUBJECT TITLE	SCHEDULE	SECTION	UNITS	GRADE			
					FINAL GRADE	EQUIVALENT		
Reason/s: _____								
Attachment Checklist : Please check applicable in the lines								
<input type="checkbox"/> NFE <input type="checkbox"/> INC <input type="checkbox"/> Photocopy of Official Receipts <input type="checkbox"/> Photocopy of Final Exam Permit <input type="checkbox"/> Proof of Completion <input type="checkbox"/> Examination Booklet <input type="checkbox"/> Copy of Project Submitted (Cover Sheet Only) <input type="checkbox"/> Certification from faculty if oral exam			COMPUTATION OF GRADES					
Note: Do not accept form without necessary attachments *NFE-No final Exam			Prelim _____ Quiz 1 _____ Quiz 2 _____ Assignment _____ Seatwork _____ Exam _____		Midterm _____ Quiz 1 _____ Quiz 2 _____ Assignment _____ Seatwork _____ Exam _____			
			Pre-Final _____ Quiz 1 _____ Quiz 2 _____ Assignment _____ Seatwork _____ Exam _____		Finals _____ Quiz 1 _____ Quiz 2 _____ Assignment _____ Seatwork _____ Exam _____			
			Name of Instructor : _____ Employee No.: _____				Designation: _____ Signature: _____	
			Recommending Approval: _____ Dean/Program Head Date: _____		_____ Registrar Date: _____		_____ Cashier's Signature Date: _____	
Note: Completion period for subjects with NFE/INC grades shall be one Month from the time the NFE/INC was incurred. Please accomplish this form in four copies (Dean, Registrar, Accounting and Student Copy).								
1 st Copy-Student		2 nd Copy-Instructor		3 rd Copy-Registrar		4 th Copy-Dean		

 WCC AERONAUTICAL & TECHNOLOGICAL COLLEGE Canarvacanan, Binalonan, Pangasinan 2436		COMPLETION FORM						
Semester _____		Date: _____						
Student No.: _____		Program/Course : _____		OR No.: _____				
Student Name: _____		Amount Paid: _____						
SUBJECT CODE	SUBJECT TITLE	SCHEDULE	SECTION	UNITS	GRADE			
					FINAL GRADE	EQUIVALENT		
Reason/s: _____								
Attachment Checklist : Please check applicable in the lines								
<input type="checkbox"/> NFE <input type="checkbox"/> INC <input type="checkbox"/> Photocopy of Official Receipts <input type="checkbox"/> Photocopy of Final Exam Permit <input type="checkbox"/> Proof of Completion <input type="checkbox"/> Examination Booklet <input type="checkbox"/> Copy of Project Submitted (Cover Sheet Only) <input type="checkbox"/> Certification from faculty if oral exam			COMPUTATION OF GRADES					
Note: Do not accept form without necessary attachments *NFE-No final Exam			Prelim _____ Quiz 1 _____ Quiz 2 _____ Assignment _____ Seatwork _____ Exam _____		Midterm _____ Quiz 1 _____ Quiz 2 _____ Assignment _____ Seatwork _____ Exam _____			
			Pre-Final _____ Quiz 1 _____ Quiz 2 _____ Assignment _____ Seatwork _____ Exam _____		Finals _____ Quiz 1 _____ Quiz 2 _____ Assignment _____ Seatwork _____ Exam _____			
			Name of Instructor : _____ Employee No.: _____				Designation: _____ Signature: _____	
			Recommending Approval: _____ Dean/Program Head Date: _____		_____ Registrar Date: _____		_____ Cashier's Signature Date: _____	
Note: Completion period for subjects with NFE/INC grades shall be one Month from the time the NFE/INC was incurred. Please accomplish this form in four copies (Dean, Registrar, Accounting and Student Copy).								
1 st Copy-Student		2 nd Copy-Instructor		3 rd Copy-Registrar		4 th Copy-Dean		

