



Republic of the Philippines  
**CATANDUANES STATE COLLEGES**  
 Virac, Catanduanes

**REQUEST FOR REMOVAL OF INCOMPLETE GRADES**

\_\_\_\_\_  
Date

The Registrar  
This Colleges

Sir/Madam:

I have the honor to request permission to remove my incomplete grade(s) in the following subject (s).

<i>Subjects</i>	<i>Descriptive Title</i>	<i>Semester</i>	<i>School Year Taken</i>	<i>Reason (s) for obtaining incomplete grades</i>

I fully understand that the approval of this request will be governed by the following conditions:

1. That I have settled my accounts in the Colleges, at least, for the school term indicated above, as shown by the herein signature of the in-charge of accounts.
2. That my scholastic records have been checked by the In-Charge of Records and have affixed his/her signature herein.
3. That I shall remove my incomplete rating on \_\_\_\_\_, which is within the one (1) year prescribed period.
4. That my failure to meet these conditions shall cause disapproval/cancellation of this subject (s).

Thank you.

Very truly yours,

\_\_\_\_\_  
(SIGNATURE OVER PRINTED NAME)

Account Paid: \_\_\_\_\_  
In-Charge of Accounts

Removal Fee: \_\_\_\_\_  
O.R. No. \_\_\_\_\_  
Date: \_\_\_\_\_

Records Checked and Found Correct:

\_\_\_\_\_  
In-Charge of Records

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

NOTED:

\_\_\_\_\_  
Dean

APPROVED:

**MURITA M. ARCILLA**  
Registrar III