

STI _____

COMPLETION OF REQUIREMENT

(For On-the-Job/Practicum Course only)

Reminder: Any form of erasures will invalidate this form

This section is to be accomplished by the Faculty Member

STUDENT INFORMATION

Student Number	Last Name	First Name	Middle Name
School Year - -	Program Classification <input type="checkbox"/> Graduate <input type="checkbox"/> Tertiary	Term: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Summer Year Level:	
Class Number	Program Title	Course Code and Title	

COMPLETION OF GRADE

School Year / Term of <i>INC</i> grade	Completed Grade	Remarks
Prepared by <i>Faculty Member's Signature over Printed Name</i>		Date

REQUIRED SIGNATORIES (Please ensure all fields required are completely filled out with supporting documents before signing.)

DESIGNATION	PRINTED NAME	SIGNATURE BASED ON STATUS		DATE	REMARKS
PROGRAM HEAD/ ASSISTANT PRINCIPAL		ENDORSED	NOT ENDORSED		
ACADEMIC HEAD/PRINCIPAL		ENDORSED	NOT ENDORSED		
SCHOOL ADMINISTRATOR/ DEPUTY SCHOOL ADMINISTRATOR		ENDORSED	NOT ENDORSED		
STI HO ENCODER		GRADES ARE POSTED	GRADES ARE NOT POSTED		
REGISTRAR		GRADES PRINTED AND ISSUED TO STUDENT	GRADES ARE NOT PRINTED AND ISSUED TO STUDENT		