



SMU FORM RO 57 (2018) – COMPLETION FORM

(Accomplish in triplicate)

INSTRUCTOR: _____ SEMESTER, 20 ____ - 20 ____ ; SUMMER _____

CODE: _____ COURSE NO.: _____ DESCRIPTIVE TITLE: _____

CLASS TIME: _____ DAYS: _____ ROOM: _____ UNITS: _____

ID NUMBER	NAME OF STUDENTS	COURSE/YEAR	GRADE			REMARKS
			1 ST TERM	2 ND TERM	3 RD TERM	

SUBMITTED BY:

APPROVED BY:

RECEIVED BY:

ENCODED BY:

Signature
Date: _____

Printed Name over signature
Date: _____

Signature
Date: _____

Signature
Date: _____