

Received by: \_\_\_\_\_

## TAGUM DOCTORS COLLEGE, INC.

Mahogany St., Rabe Subd., Tagum City **COMPLETION FORM** Date: Name: Course: Subj. Title **Subject Description** Units Grades Equivalent Remarks Instructor Name & Signature Received by: \_\_\_\_\_ Date Received: TAGUM DOCTORS COLLEGE, INC. Mahogany St., Rabe Subd., Tagum City **COMPLETION FORM** Date: Name: Course: Subj. Title **Subject Description** Units Grades Equivalent Remarks Instructor Name & Signature Received by: \_\_\_ Date Received: TAGUM DOCTORS COLLEGE, INC. Mahogany St., Rabe Subd., Tagum City **COMPLETION FORM** Date: Course: Name: **Subject Description** Subj. Title Units Grades | Equivalent | Remarks Instructor Name & Signature

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