



Republic of the Philippines  
**ZAMBOANGA STATE COLLEGE OF MARINE SCIENCES AND TECHNOLOGY**  
 Fort Pilar, Zamboanga City 7000  
**OFFICE OF THE COLLEGE REGISTRAR**

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ZSCMST-OCR-3.4.1-7  
 Adopted Date: 01-2005  
 Revision Status: 2  
 Revision Date: June 2020

**APPLICATION FOR COMPLETION OF COURSE DEFICIENCY**

To the Students:

- a. This form is to be accomplished in **triplicate** and distributed as follows:  
 Program Chairperson, Registrar and the student. Please strictly follow the order of signature as numbered: 1) Applicant 2) Program Chairperson 3) Examining Faculty 4) Dean of the College
- b. Course deficiency **not removed within one year after rating** has been recorded automatically convert to **FAILURE** with a grade of (5.0).

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

Sir/Madam:

I would like to apply for completion examination/ requirement \_\_\_\_\_ for the course by instructor/professor \_\_\_\_\_ which I took during the ( ) first semester ( ) second semester ( ) summer of school year \_\_\_\_\_.

Very truly yours,

(1) \_\_\_\_\_  
 Signature over printed name

Action taken/Remarks _____ College Registrar	Program and year level _____ O.R. No. _____ Date Issued _____
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To: \_\_\_\_\_  
 Faculty  
 College of \_\_\_\_\_

Please give the appropriate requirements/examination to the student concerned and submit his/her grade as soon as possible.

(2) \_\_\_\_\_  
 Program Chairperson

For the Program Chairperson/Registrar

I hereby certify that \_\_\_\_\_ has taken/ complied with the completion requirement with me and obtained a grade of \_\_\_\_\_, (\_\_\_\_\_).

(3) \_\_\_\_\_  
 Signature over printed name

Noted:

(4) \_\_\_\_\_  
 College Dean  
 \_\_\_\_\_  
 Date

In triplicate  
 Chairperson \_\_\_\_\_ Registrar \_\_\_\_\_ Student \_\_\_\_\_