

REGISTRAR'S OFFICE

Instructors should complete and submit this form to the Registrar's Office to request a change of grade.

Student's Full Name:		
Student's ID Number:		
Year Level & Section:		
Course/Program:		
Course Code:		
Subject Title:		
Grade to be changed:		
Reason for change of grade:	<input type="checkbox"/> Date Entry Error <input type="checkbox"/> Computational Error <input type="checkbox"/> "Incomplete Grade", requirements completed <input type="checkbox"/> Other (pls. specify)	
Computation of Grade:	Prelim: ____	Pre-Final: ____
	Midterm: ____	Final: ____
	Numerical Rating/Final Equivalent	Remarks
From:		
To:		

Instructor's Name & Signature | Date

Registrar's Approval/Completion | Date

Instructor's Email address/Contact #

Date Received

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