The Dean

I hereby request that

Student Number: ____________________________
Name: ____________________________
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Course: ____________________________ Year & Section: ____________________________
Subject Code: ____________________________ Subject Title: ____________________________
School Year: ____________________________
School Session: ____________________________ Term: ____________________________
Day Night

School Campus: ____________________________

which was reported as:

__________________________________________________________________________

due to the following reason/s:

__________________________________________________________________________

be credited as one:

☐ who has “No Grade” in the Grade Sheets to a final grade of _________________ units.

☐ who has completed all requirements with a final grade of _________________ units.

☐ whose name in the Grade Sheet be corrected

From: ____________________________
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

To: ____________________________
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

☐ others, specify:

__________________________________________________________________________

__________________________________________________________________________

Thank you.

______________________________
PROFESSOR/INSTRUCTOR
(SIGNATURE OVER PRINTED NAME)

APPROVED BY DEAN / CHAIRPERSON

Name: ____________________________ Signature: ____________________________ Date: ____________________________

Received by Office of the Student Records, University Registrar.

Name: ____________________________ Signature: ____________________________ Date: ____________________________