APPLICATION FOR
☐ LATE REPORTING OF GRADE
(Please attach certified photocopy of class record)
☐ COMPLETION OF “INCOMPLETE GRADES”
(Please attach photocopy of Official Receipt)
☐ CORRECTION OF ENTRY
(Please attach certified photocopy of class record)
☐ OTHERS, SPECIFY: _____________________

The Campus Director / Academic Head

Date: __________________________

I hereby request that

Student Number: ____________________________ Name: ____________________________

(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Course: ____________________________ Year & Section: ____________________________

Subject Code: ____________________________ Subject Title: ____________________________

School Year: ____________________________ Term: ____________________________

School Session: ____________________________ Campus: ____________________________

☐ Day
☐ Night

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 CAMPUS DIRECTOR
Name: ____________________________ Signature: ____________________________ Date: ____________________________

Received by Office of the Campus Registrar
Name: ____________________________ Signature: ____________________________ Date: ____________________________