*UREG-QF-12*



Republic of the Philippines

**CAVITE STATE UNIVERSITY**

**Bacoor City Campus**

SHIV, Molino VI, City of Bacoor

🕾 (046) 476-5029

[cvsubacoor@cvsu.edu.ph](http://www.cvsu.edu.ph)



**REQUEST FOR CHANGE OF GRADES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**THE CAMPUS REGISTRAR**

This University

Sir/Madam:

I wish to ask permission to change the grade of my student(s) listed below during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of AY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following reasons:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schedule Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Units: \_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT NO. | NAME | GRADE | |
| FROM | TO |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Attachments:

Copy of Approved Grading Sheet

Notarized Affidavit of Correction



stating the reason for request

Other Documents



Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature over print name of Instructor)

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

Attested by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chairperson Campus Registrar Campus Administrator

Department of \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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