CENTRO ESCOLAR UNIVERSITY

Manila * Makati * Malolos

Office of the University Registrar/Registrar

Request Form for Change/Correction of Grades

															1st Period Grade	2nd Period Grade	3rd Period Grade	de
Instructor's Printed Name & Signature								College/School Date					Date			jod (po	Final Grade
						ncoded	oded/Erroneous Grades				Corres		ted Grade		Peri	Per	Peri	inal
Control	Name of Student	Classcode	Sem & SY	Lecture			Laboratory					Correct	1st		1st	Snd	3rd	"
Number				СР	PE	PG	СР	PE	PG	WG	СР	PE	PG	WG		.,	,	
Reason/s:																		
CONFIRMED AND RECOMMENDED BY: APPROVE				OVED	BY:		APPROVED FOR ENCO				DING:		VERIFIED BY:		CORRECTED GRADE			
															Encoded by:		by:	
																Name of Faculty		
Acad.Head/Dean/Head of Program of Student(s) Date VP for Academ			VP for Academic A	Affairs Date		University Registrar/Registrar			Date		Student Records Asst. in-charge/Date		Attested by: Student Records Asst. in-charge/Date					
Copies to:	OUR/Registrar, Acad. Head/Dean/H	lead of Program, I	HRD,Lab/Lec Faculty	, SRA In-	charge													
ROF 023 09/01/201																		