

GRADES CONSULTATION SLIP
SY 2017-2018 TERM 1

Student name _____
Course _____
Year Level _____

Date _____

Grade Concerns

* Mark the box corresponding to your concern

	SUBJECT	Section	Subject Grade	Instructor Name	● Low Grade	● Got INC but I submitted all the requirements.	● Got DRP but I am attending classes.	Other. Please specify
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note:

Please forward this slip to your respective program head.

Student Signature

Received By

Date