



Memorandum

Government's Institution Watcharawittaya School, Muang District, Kamphaengphet

No. /
..... Year

Date _____ Month _____

Subject Asking for permission to change students' scores and grade

Dear Director of the school

I (Mr./Miss/Mrs./ _____) _____ Position _____

Department of _____ would like to ask for permission to change the scores and grade of the student(s) who is/are in Mattayom _____ / _____ on the subject _____ of which code is _____ Semester _____ Academic Year _____

as following

Student's ID No.	Name and Last name	Old scores/grade						New scores/grade						Reason of changing
		Final (30)	Mid-Term (20)	Final (30)	Final (20)	Total score	Grade	Final (30)	Mid-Term (20)	Final (30)	Final (20)	Total score	Grade	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

For your consideration and permission

Sign _____
(_____)

Sign _____
(Mr. Surasak Yodhong)

Teacher
Assessment Group

Head of Evaluation and

For granting permission

Sign_____

(Miss Natthakarn Manthaisong)

Vice Director of Academic Department

Permission... Granted Denied Reason____

Sign_____

(Mr. Punnawit Kaewpan)

Director of Watcharawittaya School