Memorandum

Government's Institution Watcharawittaya School, Muang District, Kamphaengphet

No. ..... /..... Date_____Month_____Year_____

Subject Asking for permission to change students' scores and grade

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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

	tuder 's ID No.	Name and Last name	Old scores/grade						New scores/grade						Reason of changing
			UNI 1 30)	MID-EST (20)	UNI (30	INA TEST (20)	ota Sco e	Gra e	UNI 1 30)	MID-EST (20)	UNI (30	INA TEST (20)	ota Sco e	Gra e	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

For your consideration and permission

Sign_____ Sign_____

(_____) (Mr. Surasak Yodhong)

Teacher Head of Evaluation and Assessment Group

For granting permission

Sign_____

(Miss Natthakarn Manthaisong)

Vice Director of Academic Department

Permission... ☐ Granted ☐ Denied Reason___ _____

Sign_____

(Mr. Punnawit Kaewpan)

Director of Watcharawittaya School