



CORRECTION OF GRADES

____ Trimester , S.Y. _____

Student No.	Name	Subject Code and Description	Old Grade	New Grade

Reason(s): _____

(NOTE: Please attach the copy if class records as supporting documents for the correction of grades.)

SUBMITTED BY:

NOTED BY:

Printed Name and Signature of Faculty

WARLITO M. GALITA, Ph.D.
Dean, GS

Date

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Revision: 0