

CHANGE OF GRADE FORM

Name of Student:		Reg. number:		
Course code:	Course name:	Ins	tructor's name:	
Program:	Section:	Se	mester:	·
Breakdown of pre-	vious marks (hourlies, assi	gnments, etc.) and a	verage:	
Breakdown of revi	ised marks and average:			
Previous grade ass	igned:	New grade a	ssigned:	
Reason for change	:			
Course Instructor	Examination Controller	Program Manager	Academic Controller	Head of Campus
		Date		
Date	Date	Date	Date	Date
Changes made:				
	Date:			
Records				

Change in grade is allowed only within 2 weeks after submission of final results to Records Department.