|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Student Personal Information:** |  |  |
| Name:       | Identification No.:       | Mobile No:      |
| Program:       | Department:      | School:      |
| Current Semester:       | For the Academic Year:       |

Date:

**Course details**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Course code and number** | **Section** | **Semester** | **Academic Year** |
|  |  |  |  |

**Student’s grades before adjustment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Exam /or Mid term** | **Second Exam (If applicable)** | **Other Work** | **Final Exam** | **Final Grade (Percent)** |
| **Numeric** | **Written** |
|  |  |  |  |  |  |

**Final Grade after Adjustment (Percent):**

|  |  |
| --- | --- |
| **Numerical Grade** | **Written Grade** |
|  |  |

|  |
| --- |
| **Reasons for student’s grade adjustment:** |
| Instructor’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Instructor’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / / |

|  |
| --- |
| **Chairperson of Department Comments:** |
| Chairperson’s Signature: Date:  |

|  |
| --- |
| **Dean of School Comments:** |
| Dean of School Signature: Date: |

|  |
| --- |
| **Dean of Graduate Studies Comments:** |
| Dean of Graduate Studies Signature: Date: |

* All relevant information concerning the grades (exam papers, and other works) plus any exam papers that were used for grade adjustment must be attached with this form.
* All documents will be sent to Deans Council for approving the final grade adjustment.

 CC /Student’s Department.

/Course Instructor.

/Admission and Registration Dept.