SZABIST

CHANGE OF GRADE FORM

Name of students: _____ Reg. number: _____

Course number: _____ Course names: _____

Instructor's name: _____ Program/Section: _____Semester:_____

Breakdown of previous marks (hourlies, assignments, etc.) and average: _____

_____

_____

_____

Breakdown of revised marks and average: _____

_____

_____

_____

Previous grade assigned: _____ New grade assigned: _____

Reason for change: _____

_____

_____

_____

_____	_____	_____	_____	_____
Course Instructor	Sr. Controller Examination	Program Manager	Program Dean/HoD	Vice President Academics
_____	_____	_____	_____	_____
Date	Date	Date	Date	Date

Changes made:

_____ Date: _____
Records

Change in Grade is allowed only within 5 working days after submission of final results to Records Department.