**Grade Change Form**

**Instruction to Faculty:**

Please complete point 1 to 4; and personally request your Department Head to sign in point 5.

**Instruction to Department Head:**

Please sign in point 5 and send the form in a sealed envelope to the Controller of Examination Office.

EC002(01)

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| **Student ID**  **1.** | **Student Name (as in the ULAB records)** |
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| **Name of the Program**  **2.** |
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| **Term**  **3.** | **Course Code** | **Course Title** | **Section** |
|  |  |  |  |
| **Old Grade** | **New Grade** | **Reason(s) for change** | |
|  |  |  | |

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| **Name of the Teacher**  **4.** | **Signature with date** |
|  |  |
| **Name of the Head of the Dept.**  **5.** | **Signature with date** |
| **6.** |  |
| **Vice Chancellor’s signature with date** | |
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| **For use of Controller of Examinations Office** | |
| New grade confirmed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of the Controller of Examinations  Date: | New grade uploaded into URMS  Posted by: ………………………………….……..  Date: ……………………………………………… |