

Grade Amendment Form

Student ID :	Student Name:
Name of the Program:	Name of the Department:

Semester	Course Code	Course Title	Section
Old Grade	New Grade	Reason(s) for change:	

Name of the Course Teacher	Signature with Date

Signature of Head of the Dept. with Date	Signature of Dean with Date

For use of the Office of the Controller of Examinations	
Update new grade	Posted by: Date:
Signature of the Controller of Examinations with Date	