APPLICATION FOR CORRECTION OF GRADE

THE REGISTRAR					
Mabalacat City Col	lege				
Mabalacat City, Par	npanga				
THRU: The	DEAN				
Inst	itute of				
					
I would like	e to request for the correc	tion of the Final Grade	es of the fo	llowing sti	ident/s in (Course
	(Descriptive Title):			_	
	Semester/Academic Year)			_·	
Student ID	Student Name	Course/	Final Grade		
No.		Section	From	То	Remarks
	N	G M			
	(0)				
	1569		\		
	107	TAY.			
The re	equest is made	because of	the	followi	ing reason/s:
	ent records of proof thereo		3		·
Name <i>(print)</i> and sig	nature of faculty:	ENT TO THE INST		_ Da	te:
Respectfully	forwarded to the Institute	e recommending appro	opriate actio	n.	
I	RECOMM	RECOMMENDATION			Date
Institute	For Approval	For Disapproval	Signature		
eld of Study Head					
stitute Dean					
•	endorsed to the Colleg College Council on the all grades.				
_	Director for Instruction				
		ACTION TAKEN	Date		
	abovementioned petition is	s hereby () APPROV		APPROVE	D
		President			

IMPORTANT: Accomplish this form in triplicate (1 copy for the Registrar, 1 copy for the institute, and 1 copy for the faculty's file).