



REQUEST FOR CORRECTION OF GRADE			
Requested by: _____ User ID No: _____ Date of Filing: _____			
<input type="checkbox"/> Preschool <input type="checkbox"/> Grade School <input type="checkbox"/> Junior High School <input type="checkbox"/> Senior High School			
Request Correction for <input type="checkbox"/> First Quarter <input type="checkbox"/> Second Quarter <input type="checkbox"/> Third Quarter <input type="checkbox"/> Fourth Quarter, AY _____			
Learner's Name			
Grade Level		Section	
Subject Code/Title			
Components (please tick the applicable):		INITIAL GRADE TO BE CORRECTED	
		FROM	TO
<input type="checkbox"/> Written Works			
<input type="checkbox"/> Performance Tasks			
<input type="checkbox"/> Quarterly Assessment			
<b>Notes:</b> * The concerned teacher should attach a photocopy of the correct computation of grade as shown in the official e-class record. * This form must be submitted to the BED Records Unit within two weeks after the viewing of quarterly grades (for corrections to first to third quarter grades) or within two weeks after the release of final compcards (for corrections to fourth quarter grades). Otherwise, the form shall be considered null and void.			
Grade Corrected by:		Noted by:	
Teacher's Signature over Printed Name		Date	Principal's Signature
			Date
Approved by:		Informed the ITD by:	
Registrar/BED Records Officer's Signature		Date	BED Records Assistant's Signature
			Date



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