



Colegio de San Juan de Letran Calamba
City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
BED Records Unit

REQUEST FOR CORRECTION OF GRADE

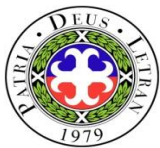
Requested by: _____ User ID No: _____ Date of Filing: _____
 Preschool Grade School Junior High School Senior High School
 Request Correction for First Quarter Second Quarter Third Quarter Fourth Quarter, AY _____

Student's Name			
Grade Level		Section	
Subject Code/Title			

COMPONENT	SCORE TO BE CORRECTED	
	FROM	TO

Notes:
 * The concerned teacher should attach a photocopy of the correct computation of grade as shown in the official record book.
 * This form should be submitted at the BED Records Unit within two weeks after the release of COMPCARDS. Otherwise, this 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:		Encoded by:	
Registrar/BED Records Officer's Signature	Date	BED Records Assistant's Signature	Date



Colegio de San Juan de Letran Calamba
City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
BED Records Unit

REQUEST FOR CORRECTION OF GRADE

Requested by: _____ User ID No: _____ Date of Filing: _____
 Preschool Grade School Junior High School Senior High School
 Request Correction for First Quarter Second Quarter Third Quarter Fourth Quarter, AY _____

Student's Name			
Grade Level		Section	
Subject Code/Title			

COMPONENT	SCORE TO BE CORRECTED	
	FROM	TO

Notes:
 * The concerned teacher should attach a photocopy of the correct computation of grade as shown in the official record book.
 * This form should be submitted at the BED Records Unit within two weeks after the release of COMPCARDS. Otherwise, this 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:		Encoded by:	
Registrar/BED Records Officer's Signature	Date	BED Records Assistant's Signature	Date