



REQUEST FOR LEARNER GRADE ADJUSTMENT			
Application for <input type="checkbox"/> Encoding of Special Examination (Prelim/Midterm/Final Exam) <i>(Please attach photocopy of approved Request for Special Examination and Examination Paper)</i> <input type="checkbox"/> Correction of Grade Entry due to Clerical Errors (incorrect addition of points or error in transcribing of grades) <i>(Please attach photocopy of Class Record/Periodical Grades in Excel/Document/Output of Learning Activity with Corrected Grade)</i> <input type="checkbox"/> Completion of Blank Entry <i>(Please attach photocopy of Class Record/Document/Output of Learning Activity)</i> <input type="checkbox"/> Adjustment of Final Rating for Special Courses <i>(Please attach photocopy of Class Record/Periodical Grades in Excel)</i>			
DATE OF FILING:		TERM: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Inter-Sem, A.Y.	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		ID NO.	
FIRST NAME		PROGRAM	
MIDDLE INITIAL			
GRADE FOR ADJUSTMENT			
COURSE CODE		SECTION	
COURSE TITLE			
Check the grade component that needs adjustment:			
<input type="checkbox"/> MAJOR EXAM			
PERIOD		FROM	TO
<input type="checkbox"/> Prelim <input type="checkbox"/> Midterm <input type="checkbox"/> Pre-Finals			
<input type="checkbox"/> LONG QUIZ			
PERIOD		QUIZ NUMBER/S	FROM TO
<input type="checkbox"/> Prelim <input type="checkbox"/> Midterm <input type="checkbox"/> Pre-Finals			
<input type="checkbox"/> SHORT QUIZ			
PERIOD		QUIZ NUMBER/S	FROM TO
<input type="checkbox"/> Prelim <input type="checkbox"/> Midterm <input type="checkbox"/> Pre-Finals			
<input type="checkbox"/> ASSESSMENT TASK			
PERIOD		FROM	TO
<input type="checkbox"/> Prelim <input type="checkbox"/> Midterm <input type="checkbox"/> Pre-Finals			
Assessment Task Component/s:			
1.			
2.			
3.			
4.			
5.			
<input type="checkbox"/> TERM GRADE			
PERIOD		FROM	TO
<input type="checkbox"/> Prelim <input type="checkbox"/> Midterm <input type="checkbox"/> Pre-Finals			
<input type="checkbox"/> FINAL RATING FOR SPECIAL COURSES			
Course Code	Section	FROM	TO
Grade Adjusted by:			
_____ Faculty/Moderator Signature over Printed Name		_____ Date	
ACTION TAKEN			
Noted by:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved by:		Encoded by:
_____ Dean/RelEd Director Signature over Printed Name	_____ Registrar Signature over Printed Name		_____ College Records Officer/ e-Grading In-Charge Signature over Printed Name/Date

Note: This form should be submitted at the Registrar's Department on or before _____. Otherwise, this form shall be considered null and void.