



UNIVERSITY OF SAN CARLOS

Request for Correction of Grade

_____ Date

TO: **FR. ANTHONY S. SALAS, SVD, MM**
VICE PRESIDENT FOR ACADEMIC AFFAIRS

FROM: _____
(Name of Faculty/Department)

- 1ST Semester, Academic Year: _____
- 2nd Semester, Academic Year: _____
- Summer Year: _____

ID. NO.	NAME(S) OF STUDENT	SUBJECT	GRADE	
			FROM	TO

REASON: _____

Attachments:

- Department-certified copy of class record(s)
- Other attachments

Thank you.

FACULTY'S SIGNATURE

ENDORSED:

DEPARTMENT CHAIR

DEAN

APPROVED: FR. ANTHONY S. SALAS, SVD, MM
VICE PRESIDENT FOR ACADEMIC AFFAIRS