



**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 _____   |      |  |   |
| <b>Student's Name</b>  |      |  |   |
| <b>Grade Level</b>   |      | <b>Section</b>                           |   |
| <b>Subject Code/Title</b>  |      |  |   |
| Components <i>(please tick the applicable)</i> :   |      | <b>INITIAL GRADE TO BE CORRECTED</b>     |   |
|  |      | FROM                                     | TO  |
| [ ] Written Works  |      |  |   |
| [ ] Performance Task   |      |  |   |
| [ ] Quarterly Assessment   |      |  |   |
| <b>Notes:</b>  |      |  |   |
| * 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. |      |  |   |
| <i>Grade Corrected by:</i>   |      | <i>Noted by:</i>                         |   |
|  |      |  |   |
| <b>Teacher's Signature over Printed Name</b>   | Date | <b>Principal's Signature</b>             | Date  |
| <i>Approved by:</i>  |      | <i>Encoded by:</i>                       |   |
|  |      |  |   |
| <b>Registrar/BED Records Officer's Signature</b>   | Date | <b>BED Records Assistant's Signature</b> | Date  |



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| <b>Teacher's Signature over Printed Name</b>   | Date | <b>Principal's Signature</b>             | Date  |
| <i>Approved by:</i>  |      | <i>Encoded by:</i>                       |   |
|  |      |  |   |
| <b>Registrar/BED Records Officer's Signature</b>   | Date | <b>BED Records Assistant's Signature</b> | Date  |

