Grade/Score Check and Reevaluation Request Form

Date............. Month................. Year..................

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| --- | --- |
| **Student ID No.** |  |
| **Phone No.** | 0 |

**Subject Request to check score/grade**

**To Head of Academic Division:**..........................................

**Name (Mr./Miss/Mrs.)** ………………………….………............…………......……………........................................................................

**Field of Study**..…............................................................. **Faculty** ……….........................................................................................................  
would like to request to check my score/grade of **Course No.** .......................... **Course Name**..........................................................  
**Subject Group** ........................................ **Instructor Name** .........................................................................................................................  
**Semester**........................ **School year** .................................... **Grade Announcement Date** .....................................   
**Grade Received** .................................................................

**Reasons for requesting score check**

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(Signature)….................………………………. Petitioner Date (DD/MM/YYYY) ........./................/...........

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| **Opinion/Approval Process** | |
| **1. Head of the Academic Department’ Opinion** | **2. Instructor’s Opinion** |
| I (Insert name)..........................................have considered  the petitioner’s request to check their score in the subject taught by (instructor’s name)........................................................  ..............................................................................................................  (Signature) .................. Dean/Director  Date (DD/MM/YYYY) ....../......./....... | 🞏 Petitioner’s Grade/Score ........................../........................ 🞏 Grade/Score after reevaluation................./..................... **Results** 🞏 **No Corrections needed**  🞏 **Score/Grade should be rectified**  (Signature) .................. Instructor  Date (DD/MM/YYYY) ....../......./....... |
| **3. Department Chair’s Opinion** | **4. Academic Department** |
| 🞏 **No Corrections needed**  🞏 **Score/Grade should be rectified**  (Signature) .................. Instructor  Date (DD/MM/YYYY) ....../......./....... | 🞏 **Score/Grade is Correct, Petitioner should be notified**  🞏 **Score/Grade should be rectified and the petitioner notified**  🞏 **Score/Grade should be rectified, the petitioner notified and it be brought before the department committee for rectification**  (Signature) .................. Head of Office  Date (DD/MM/YYYY) ....../......./....... |
| **5. Petitioner** | **6. Head of the Academic Department** |
| **Notified of the Results**  (Signature) .................. Petitioner  Date (DD/MM/YYYY) ....../......./....... | 🞏 **Notified** (Information was correct and unchanged)  🞏 **Approved to be brought before the department committee for rectification and for the campus committee for consideration**  (Signature) .................. Dean/Director  Date (DD/MM/YYYY) ....../......./....... |