

TO BE FILLED BY THE STUDENT:-

NAME: _____	CLASS ID: _____
REGISTRATION NO: _____	SUBJECT: _____
PROGRAM: _____	INSTRUCTOR: _____
STUDENT'S PETITION: _____	

Date: _____	Student Signature _____

To be actioned by Academic Officer / Program Manager

TO BE FILLED BY THE FACULTY

S.#	Description	Marks Before Scrutiny	Marks After Scrutiny	Faculty Initials
1	Quiz Total			
2	Midterm Total			
3	Assignment Total			
4	Class Participation			
5	Presentation			
6	Project			
7	Weekly Lab Work			
8	Final Exam			
Total Marks				
Grade				

Faculty Remarks: _____	

Signature: _____	Date: _____
Dir. Academics / Dept. Director / HOD Remarks: _____	

Signature: _____	Date: _____

APPROVAL OF DEAN

Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Dean _____
-----------------------------------	---------------------------------------	------------

ACTION BY REGISTRATION & EXAMINATION

Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Registrar _____
-----------------------------------	---------------------------------------	-----------------