

University of the Philippines Manila
REPORT OF CHANGE OF GRADE

Course code and number: _____ Course Title: _____ Units: _____
Section: _____

Student Name: _____
Last Name *First Name* *Middle Name*

Student Number: _____ College: Pharmacy

Term when the grade was incurred	<input type="checkbox"/> 1S <input type="checkbox"/> 2S <input type="checkbox"/> MY	Academic Year:	Original Grade:	Updated Grade:	Date of Faculty Meeting:
	<input type="checkbox"/> 1T <input type="checkbox"/> 2T <input type="checkbox"/> 3T				

Name and signature of Instructor

Name and signature of College Secretary

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UP Form 13-D

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Dean's Copy

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Instructor's Copy

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Student's Copy

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Application for Change of Grade Flowchart

