



PROCEDURES FOR REQUEST OF CHANGE OF GRADE

The school attests to implement strict measures related to monitoring the faculty members of Thames International/ESA. It certifies that it ensures that teachers perform their tasks as lecturers and as assessors of student performance. The school, therefore, attests to the accuracy and completeness of grade computations and of submitted grades distributed to the students.

However, we allow students to make requests for grade changes as long as they can properly prove possible mistakes or errors. Requests for change of grades may be made if a student thinks :

- a) That there is a numerical computational error
- b) That there were submitted requirements that may not have been considered or included in the grade computation
- c) That there are late or absence instances marked erroneously

In such a case, herewith are the procedures related to such appeal requests (the entire procedure will require P500.00) :

- 1) The student **personally** secures a **REQUEST FOR CHANGE OF GRADE FORM** from the STUDENT SERVICES WINDOW for P50.00 This must be done within a week after the Result Slips are distributed. Only one (1) form per module & section will be issued out for P50.00. In case the form is lost, the second will cost P100.00, the third P200.00, etc.)
- 2) The student completes the form and gathers all evidence of the possible errors made. The burden of proof is on the student.
- 3) The student must write in **PRINT or BOLD LETTERS** to ensure that no misinterpretation of the request is made.
- 4) The student is also strongly advised to informally talk with the lecturer in order to check that a mistake could have been made.
- 5) Submit the **REQUEST FORM** (together with this instruction sheet) and all supporting documents **personally** to the STUDENT SERVICES WINDOW within two (2) weeks from the date of Result Slip issuance.
- 6) Pay the remaining P450.00 for the appeal process.
- 7) The student will be given an **ACKNOWLEDGMENT RECEIPT slip** for the submitted request/s.
- 8) This form must be kept by the student as it will be used as the CLAIM FORM for the decision on the request.
- 9) Decisions will be given within two (2) weeks from the deadline of submission of the change of grade request. Results of the decision can be claimed only upon submission of the **ACKNOWLEDGMENT REQUEST SLIP**.
- 10) When claiming the decision, the student will also be asked to sign an **ACKNOWLEDGMENT DECISION SLIP** to certify receipt of the said decision.



ACKNOWLEDGMENT DECISION SLIP

This to acknowledge the RECEIPT OF THE DECISION related to my REQUEST FOR CHANGE OF GRADE from the Student Services Dept.

STUDENT NUMBER : _____

NAME OF STUDENT : _____

SIGNATURE : _____

DATE RECEIVED : _____

IN CASE OF AUTHORIZATION :

NAME OF RECIPIENT : _____

SIGNATURE : _____

RELATIONSHIP TO STUDENT : _____

DATE RECEIVED : _____

AUTHORIZATION SUBMITTED : _____ YES _____ NO



REQUEST FOR CHANGE OF GRADE

I would like to request for a CHANGE OF GRADE from _____ to _____
CURRENT GRADE NEW GRADE

MODULE CODE & SECTION : _____
MODULE TITLE : _____
TERM TAKEN : _____
NAME OF LECTURER : _____

Below are my explanations / computations and attached are pertinent documents to support my claim. (Use extra sheets as necessary).

SUBMITTED BY : _____
PRINT NAME AND SIGNATURE DATE SUBMITTED

CHECKLIST FOR DOCUMENTS (check pertinent documents) :

DOCUMENT TYPE	NO. OF PAGES	OTHER DOCUMENTS (Please specify)
<input type="checkbox"/> Attendance Sheets	_____	_____
<input type="checkbox"/> Exams / Quizzes / Reports	_____	_____

LECTURER'S RECOMMENDATION

I ENDORSE DO NOT ENDORSE the student's request for CHANGE OF GRADE.

Below are the explanations to support my decision (please use extra sheets as necessary) :

Empty box for lecturer's explanation

SUBMITTED BY : _____
PRINT NAME AND SIGNATURE DATE SUBMITTED

ACADEMIC COMMITTEE DECISION

REQUEST IS : APPROVED DISAPPROVED

REFERENCE MINUTES / DOCUMENTS : _____

WRITTEN / PREPARED BY : _____

OTHER COMMENTS / REMARKS (please use extra sheets as necessary) :

Empty box for academic committee decision

AUTHORIZED BY : _____
PRINT NAME AND SIGNATURE DATE



ACKNOWLEDGMENT DECISION SLIP

This to acknowledge the RECEIPT OF THE DECISION related to my REQUEST FOR CHANGE OF GRADE from the Student Services Dept.

STUDENT NUMBER : _____

NAME OF STUDENT : _____

SIGNATURE : _____

DATE RECEIVED : _____

IN CASE OF AUTHORIZATION :

NAME OF RECIPIENT : _____

SIGNATURE : _____

RELATIONSHIP TO STUDENT : _____

DATE RECEIVED : _____

AUTHORIZATION SUBMITTED : _____ YES _____ NO



ACKNOWLEDGMENT REQUEST SLIP

This to acknowledge the submission of a REQUEST FOR CHANGE OF GRADE from :

STUDENT NUMBER : _____

NAME OF STUDENT : _____

DATE / TIME : _____

RECEIVED BY : _____
PRINT NAME AND SIGNATURE

DATE RECEIVED

IMPORTANT :

PRESENT THIS SLIP TO THE STUDENT SERVICES OFFICER WHEN CLAIMING FOR COMMITTEE DECISION