



GRADE DISCREPANCY REPORT FORM

ACCOMPLISH IN DUPLICATE / PLEASE PRINT ALL ENTRIES

DATE	CONTROL NUMBER
<div style="display: flex; justify-content: space-between;"> SECTION A: FACULTY INFORMATION SECTION B: SUBJECT INFORMATION </div>	
FACULTY NAME	COURSE
FACULTY ID NO.	SECTION
RANK	SCHEDULE
DEPARTMENT	AY / TERM

Upon verification, the following discrepancies were noted in the verification of grades:

#	ID NUMBER	STUDENT NAME (LAST, FIRST, MI)	REGISTRAR	FACULTY GRADE	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

FACULTY <hr style="width: 80%; margin: 0 auto;"/> SIGNATURE OVER PRINTED NAME / DATE	FINDINGS (FOR OUR USE ONLY)	GRADES IN-CHARGE <hr style="width: 80%; margin: 0 auto;"/> SIGNATURE OVER PRINTED NAME / DATE
CHAIR <hr style="width: 80%; margin: 0 auto;"/> SIGNATURE OVER PRINTED NAME / DATE		UNIVERSITY REGISTRAR <hr style="width: 80%; margin: 0 auto;"/> SIGNATURE OVER PRINTED NAME / DATE