# De La Salle University
OFFICE OF THE UNIVERSITY REGISTRAR

Form No. R-15

## GRADE DISCREPANCY REPORT FORM

ACCOMPLISH IN DUPLICATE / PLEASE PRINT ALL ENTRIES

| DATE | CONTROL NUMBER |
|---|---|

**SECTION A: FACULTY INFORMATION**

**SECTION B: SUBJECT INFORMATION**

| 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. | | | | | |
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| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |

FACULTY

FINDINGS (FOR OUR USE ONLY)

GRADES IN-CHARGE

_____
SIGNATURE OVER PRINTED NAME / DATE

_____
SIGNATURE OVER PRINTED NAME / DATE

CHAIR

UNIVERSITY REGISTRAR

_____
SIGNATURE OVER PRINTED NAME / DATE

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SIGNATURE OVER PRINTED NAME / DATE