**ATTENDANCE AMENDMENT REQUEST**

Semester: ……………………………..

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| **To:** College Registrar | **From:** | ……………………………………………………………………………….. |
| **Department:** | ……………………………………………………………………………….. |

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| **Course Code** | **Course Title** | **Section** | **Activity** |
| …………………………………… | ……………………………………………………… | ……………………………… | ……………………………… |

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| --- | --- | --- | --- | --- | --- | --- |
| ID. No | Student Name | Date | Period | PLEASE MAKE STUDENT | BEFORE AMENDMENT (DN) | AFTER AMENDMENT(DN) |
| ABST | PRST | Yes | No | Yes | No |
|  |  |  |  |  |  |  |  |  |  |
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| **Justification:** | ………………………………………………………………………………………………………………………………………………………………………… |
| Instructor’s Signature: | ………………………………………………………..………………..………………… | Date: | ……………………………………………… |
| Chairman’s Signature: | ………………………………………………………..………………..………………… | Date: | ……………………………………………… |
| **Note:** The Signature of the College Deputy for Education & Training Affairs is required if “DN” has been cancelled. |
| **APPROVED** |
| …………………………………………………………………………..………………… |
|  | **COLLEGE DEPUTY FOR EDUCATION & TRAINING AFFAIRS** |  |

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| **OFFICE OF THE REGISTRAR** |
| Received & Entered by: | …………………..……………………….………………..………………… | Date: | ……………………………………………… |