



APPLICATION FOR RECONSIDERATION OF COURSE GRADE

Student ID number: []

PERSONAL DETAILS

Last Name: First Name: Middle Name: Date of Birth: []

Address: Telephone: Fax: Email: []

REQUEST DETAILS

Course Title: Course Code: []

Lecturer/Course Co-ordinator's Name: Receipt No: []

Applicant's signature: Date: []

- Notes: 1) One form must be completed for each course. 2) The fee for this application is F\$55.

FOR OFFICIAL USE ONLY

From: Student Academic Services To: Subject: Reconsideration of Course Grade

Assessment Regulation 13 provides for the Reconsideration of Course Grades. The outcome of this application may affect the student's academic standing, completion of programme (and therefore graduation), or enrolment next semester.

Your recommendation must be submitted within two weeks of the date of this application.

Signature: Assistant Registrar Date: []

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From: To: Student Academic Services Subject: Reconsideration of Course Grade

I/We have reconsidered the grade for the student in the course [] in terms of Assessment Regulation 13. My/Our recommendation is as follows:

[]

Table with 3 columns: Assessment Type, Current Marks, Revised Marks. Rows: Continuous Assessment, Examination, Total Mark/Grade.

If the grade is changed, provide reasons for the change below

[]

Lecturer/Course Co-ordinator Head of Department Dean of School Date Date Date