



## APPLICATION FOR RECONSIDERATION OF COURSE GRADE

Student ID number:

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### 1. PERSONAL DETAILS

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

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Postal Address:


Telephone:

Mobile

Email:


### 2. 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 FJD\$60

### 3. OFFICE OF THE REGISTRAR

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: \_\_\_\_\_  
Registrar / Assistant Registrar

Date: \_\_\_\_\_

### 4. FOR OFFICIAL USE ONLY

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:

Continuous Assessment	Current Marks	Revised Marks
Examination		
Total Mark/Grade		

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


APP. Vetted by

Course Coordinator

Head of Department

Director/Dean of School

Vice Chancellor

Date

Date

Date

Date

Date