



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:

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Mobile:

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Email:

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Campus:

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2. SCHOOL/ CENTRE

Requirement of application checked according to the Reconsideration of Course Grade regulations:
(Please tick one box below)

Approved Not Approved

Checked By (Name): _____ Signature: _____

Date: _____

3. 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

4. OFFICE OF THE REGISTRAR

From: Examinations Office 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: _____ Date: _____
Registrar / Assistant Registrar

5. FOR OFFICIAL USE ONLY

From: _____ To: Examinations Office
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:

	Current Marks	Revised Marks
Continuous Assessment		
Examination Mark		
Total Mark and 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