



CHANGE OF GRADE FORM

Name of student: _____

Registration number: _____

Course number & names: _____

Semester: FALL Spring Summer Year: 20-

Class & Section: _____

Breakdown of Previous marks and average:

Breakdown of revised marks and average:

Previous grade assigned: _____

New grade assigned: _____

Reason for change (To be Filled by course Instructor):**

Course Instructor

**In charge of
Examination**

**Program
Manager**

HOD

Head of Campus

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Changes made
Records & Registration

****Supporting Documents must be attached as evidence for change; otherwise form will not be processed**