



CHANGE OF GRADE FORM

Name of student: _____

Registration number: _____

Course number & names: _____

Semester: _____

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 Program Manager Controller Examination 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***