Grade Change Appeal Form



| A student may appeal for a change of grade if: | | |
|---|----------------|------------------|
| ☐ There is an error in posting/ adding of marks or wrong calculation in the exam script ☐ The grade does not fairly reflect the student's exam performance | | |
| Procedure: A student has to appeal for a grade change of a course (s) to the concerned Head/Director/Coordinator of the Dept./Program within 1 (one) week of the beginning of the classes of the following Trimester. The concerned Head/Director/Coordinator will complete the formalities within 3 (three) days of receiving the student's application and submit the decision to the office of the Controller of Examinations. | | |
| Part 1: To be completed by the Student: | | |
| Student's Name | | ID Number |
| I am appealing to review: ☐ Quiz/class test ☐ Others (please mention) | ☐ Midterm Exam | ☐ Final Exam |
| Course Code & Title | Section | Trimester |
| Course Teacher's Name | | Date of Appeal |
| Part 2: Department/ Program Head: Recommended Not Recommended | Sir | gnature and Date |
| | 5.8 | snatare and bate |
| Part 3: Course Teacher's Response: Grade Changed Not Changed | | |
| Signature and Date ✓ If there is a change in the grade please use separate Grade Change Form with new number distribution describing reason for change and attach this form. ✓ If there is no change in grade please mention the reason below and return this Form to the Department/ Program Office. | | |
| | | |
| Please complete all the formalities within three days after receiving the form. | | |
| Part 4: Department/ Program Head: Grade Changed Grade not Changed | | |
| | Sign | ature and Date |