

WARNING:

This form must **NEVER** be given to the student by a faculty member. It should be transmitted in a secure manner directly from the Dean to the Registrar's Office.



**T. A. MARRYSHOW COMMUNITY COLLEGE
CHANGE OF GRADE FORM**

FOR INSTRUCTOR/LECTURER USE ONLY

The Instructor/Lecturer must submit this form to the respective Dean of the School.

SCHOOL: SASPS () SAAT () SCE ()

NAME OF STUDENT

PROGRAMME: I.D. #.....

COURSE NAME: COURSE NUMBER:

SEMESTER: AUG – DEC () JAN – APR () SUMMER () ACADEMIC YEAR:

REASON FOR REQUEST: (Please tick the appropriate box)

- Re-sit
- Make-up
- Assignments/Examination Completion
- Course Repetition
- Grade Omission
- Calculating/Recording Error ***

Course Mark	Exam Mark	Final Mark

I REQUEST A CHANGE OF FINAL GRADE FROM TO

***PLEASE PROVIDE EVIDENCE OR EXPLANATION BELOW

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LECTURER'S NAME: SIGNATURE: DATE:

CHAIR'S APPROVAL: DATE:

DEAN'S APPROVAL: DATE:

EXAMINATIONS OFFICER (FOR RESITS/MAKE-UP): DATE:

REGISTRAR: DATE:

RECORDS OFFICER: DATE: