



Modification of Student Grade Request Form

REQUESTER INFORMATION						
NAME:					DATE:	
JOB TITLE:					BADGE NO:	
TEL:					PAGER:	
Description						
Modification Details						
No	Academic Year/Semester	Block	Code	Previous Grade	New Mark	New Grade
1						
2						
3						
4						
FOR ACADEMIC AFFAIRS DEPARTMENT USER ONLY						
APPROVAL						
<input type="checkbox"/> Approved						
Name:		Title:		Date:		Signature:
FOR ADMISSIONS AND REGISTRATION DEPARTMENT USE ONLY						
APPROVAL						
<input type="checkbox"/> Approved						
Name:		Title:		Date:		Signature:
FOR IT SERVICES DEPARTMENT USE ONLY						
APPROVAL						
<input type="checkbox"/> Approved						
<input type="checkbox"/> Disapproved Explanation:						
Name:		Title:		Date:		Signature:
STATUS						
Completed By:			SIGNATURE:		DATE:	