



**CIPRIANI COLLEGE OF LABOUR & CO-OPERATIVE STUDIES**

**REQUEST FOR REVISION OF GRADES**

Complete all the necessary fields. The review will not be processed if the form is incomplete.

The cost of a grade review is \$300. This fee is not refundable.

Student Name:	Address:
Student I.D. #:	Email:
Contact #:	

Programme Of Study:	Level:	Grade Obtained:
Course Code	Course Title:	Date Of Examination
Receipt #:	Mail grade review correspondence to the address provided:	
Date Of Payment:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Statement Outlining Appeal	
Student's Signature:	DATE:

<b>FOR OFFICIAL USE ONLY</b>	
Received By: Print Name: _____	
Receipt # : _____	Date of payment: _____
Student's Coursework mark: _____	
Signature: _____	Date: _____
Notes: If the lecturer is not available forward to Head of Department. Make copy of examination script before submitting to lecturer.	
Rerouted To: _____	
Lecturer: _____	
Date Rerouted: _____	
Date Returned: _____	

**FOR OFFICIAL USE ONLY**

Lecturer's comments, inclusive of breakdown of change of marks with reasons. If the marks remain the same explanation should also be given.

Date sent: \_\_\_\_\_ Date returned: \_\_\_\_\_

Original Grade: \_\_\_\_\_ New Grade: \_\_\_\_\_

Lecturer's Name: \_\_\_\_\_ Lecturer's Signature: \_\_\_\_\_

Head of Department's Signature: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Evaluator's comments, inclusive of breakdown of change of marks with reasons. If the marks remain the same explanation should also be given.

Date sent: \_\_\_\_\_ Date returned: \_\_\_\_\_

Original Grade: \_\_\_\_\_ New Grade: \_\_\_\_\_

Lecturer's Name: \_\_\_\_\_ Lecturer's Signature: \_\_\_\_\_

Head of Department's Signature: \_\_\_\_\_