

APPLICATION FOR RECONSIDERATION OF COURSE GRADE

This form is also available from the USP website address: <http://www.usp.ac.fj/forms>

PERSONAL DETAILS

Student ID Number: _____

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Are you sponsored or private student? Private

Private

Sponsored (name of sponsor) _____

BANK ACCOUNT DETAILS (For your refund if your grade is amended)

Bank _____

Branch _____

Account Number _____

REQUEST DETAILS

Course Title: _____

Course Code: _____

Lecturer/Course Co-ordinator's Name: _____

Receipt No.: _____

Notes:

1) One form must be completed for each course.

2) A fee applies for each course that is to be reconsidered. Please check with your local campus for the current fee.

PART B (For official use only)

From: Student Academic Services

To: _____

Subject: Reconsideration of Course Grade

Assessment Regulation 4 provides for the reconsideration of course grades. The outcome of this application may affect the student's academic standing (that is, whether the student should continue or be suspended or be placed on probation), completion of program (and therefore graduation), or enrolment next semester.

We request therefore that you let us know your recommendation within two weeks of the date of this application, failing which the Dean of Faculty will be notified.

Manager, Student Academic Services

Date

PART C (For official use only)

From: _____

To: Student Academic Services

I/We have reconsidered the grade for the student in the course in Part A of this application form in terms of Assessment Regulation 4.

My/Our recommendation is as follows:

	Current Marks	Revised Marks
Continuous Assessment		
Examination		
Total mark/Grade		

If the grade is changed, give reasons below for the change and fill in the marks and grades in the box.

Lecturer/Course Coordinator

Head of School/Department

Dean of Faculty

Date

Date

Date