

**UNIVERSITY OF EASTERN AFRICA, BARATON**  
**P.O Box 2500-30100**  
**ELDORET**  
**CHARTERED LEGAL NOTICE No. 111, 1991**

**INSTRUCTOR'S PETITION FORM FOR CHANGE OF GRADE**

**NOTE:** This form is filled by the instructor after being satisfied that there is a genuine reason to change of grade. It is required that the instructor fills this form within the first three weeks of the current trimester for change of a grade of the previous trimester. The instructor must make four copies of the duly filled and signed form and give the following.

1. The Department Chairperson
2. The School Dean
3. The Registrar
4. The Instructor remains with copy

STUDENT'S NAME: \_\_\_\_\_ STUDENT ID NO. \_\_\_\_\_

**COURSE FOR WHICH GRADE IS TO BE CHANGED**

_____	_____	_____	_____	_____
Course Code	Course Title	Credits	Trimester Taken	Academic Year

GRADE IS TO BE CHANGED FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR CHANGE OF GRADE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTOR _____	_____	_____	_____
Name	Signature	Date	

**APPROVAL OF CHANGE OF GRADE**

CHAIRPERSON _____	_____	_____	_____
Name	Signature	Date	

SCHOOL DEAN _____	_____	_____	_____
Name	Signature	Date	

REGISTRAR _____	_____	_____	_____
Name	Signature	Date	