



**UNIVERSITY OF EASTERN AFRICA, BARATON  
CHARTERED LEGAL NOTICE No. 111, 1991**

**Graduate Studies**

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

*(to be filled in triplicate)*

**NOTE:** This form is filled by the lecturer after being satisfied that there is a genuine reason to change of grade. It is required that the lecturer fills this form within the first three weeks of the current trimester for a change of grade of the previous trimester.

**STUDENT'S NAME** \_\_\_\_\_ **UEAB 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 \_\_\_\_\_

**REASON FOR CHANGE OF GRADE**

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

LECTURER	Name	Signature	Date

**ENDORSEMENT OF CHANGE OF GRADE REQUEST**

CHAIRPERSON	Name	Signature	Date

SCHOOL DEAN	Name	Signature	Date

FOR OFFICIAL USE	
<b>BOARD OF GRADUATE STUDIES ACTION:</b>	
Action Number _____	Date _____
Signature of Graduate Studies Director _____	Date and Stamp _____
Signature of Registrar _____	Date and Stamp _____