

**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 term for a change of grade of the previous term.*

**STUDENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UEAB ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

Course Code Course Title Credits Term taken Academic Year

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

REASON FOR CHANGE OF GRADE

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LECTURER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Name Signature Date

**ENDORSEMENT OF CHANGE OF GRADE REQUEST**

CHAIRPERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Name Signature Date

SCHOOL DEAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Name Signature Date

**FOR OFFICIAL USE**

**BOARD OF GRADUATE STUDIES ACTION:**

Action Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Graduate Studies Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date and Stamp \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Registrar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Stamp\_\_\_\_\_\_\_\_\_\_\_\_\_

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