

**UNIVERSITY OF EASTERN AFRICA, BARATON**

**CHARTERED LEGAL NOTICE No. 111, 1991**

**Graduate Studies**

**LECTURER’S PETITION FORM FOR GROUP CHANGE OF GRADES**

*(to be filled in triplicate)*

**COURSE FOR WHICH THE GROUP CHANGE OF GRADES IS TO BE APPLIED**

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Course Code Course Title Credits Term taken Academic Year

**GRADE TO BE CHANGED**

**STUDENT’S NAME ID # FROM TO**

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REASON FOR CHANGE OF GRADES

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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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