



**GRADE APPEAL REQUEST
USED FOR FINAL EXAMINATION**

Student name: _____ ID: _____

School/Department: _____

Program: _____

Email: _____ Tel: _____

REQUEST DETAILS (FOR STUDENT)

I request for grade appeal in:

Subject: _____ Subject ID: _____

Semester: _____ Academic year: _____

Lecturer: _____

Room of examination: _____ Date of examination: _____

Score announced: _____ Date of announcement: _____

Student signature (required): _____ Date: _____

RESPONSE (FOR SCHOOL/DEPARTMENT ONLY)

The grade is not approved to change

The grade is approved to change from _____ to _____

Signature: _____ Date: _____

SECTION TO BE COMPLETED BY OGA

Received by: _____

Date of receipt: _____

Date of response: _____

OFFICE USE ONLY	
Processed by	Process date

Instruction:

Fill in this request form and submit it to OGA within **7 DAYS** from the date that the score is announced.



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