

OFFICE OF THE REGISTRAR (Exams & Senate Matters Unit) BABCOCK UNIVERSITY

REQUEST FOR CHANGE OF GRADE FORM

Note: This form must be used before all incomplete and other grades can be effected.

(To be completed in Triplicate)

I hereby request that	the following grade(s) be et	ffected:		
Course Code		Course Title		
Course Unit		Former grade	Present grade	
Semester/Session		Semester/Session		
	(When the course was taken)		(When the request is being made)	
Reason for the Chan	ging			
Department		School		
Lecturer's Name		Signature		
		APPROVAL		
HOD		Signature&Date		
DEAN		Signature&Date		
REGISTRAR		Signature&Date		
Officer in Charge		Date Change Effected		
Note:				
Any change that is	not in line with the stated]	policy of the University	will not be accepted.	
"Incomplete because	of illness or other recogniz	ed emergency must be m	ade up by the mid-semester point of the following	
semester or the grade	e automatically becomes an	'F' . (2008-2009 Babcocl	k University Bulletin, Page 18)"	
CC: Registry	(Exams & Records)			
Dean				
HOD				
School (Officer			

Photocopies of answer scripts of examination and list of all students registered for the course should be attached.