



Villa College

••APPLICATION FOR RECONSIDERATION OF COURSE GRADE

Student ID Number:

A. PERSONAL DETAILS

Last Name: First Name: Middle Name: Date of Birth: Address:

Telephone: Fax:

Are you sponsored or private student?:

Private

Sponsored (name of sponsor) _____

BANK ACCOUNT DETAILS (For your refund if your grade is amended)

Bank: _____

Branch: _____

Account Number: _____

B. REQUEST DETAILS

Course Title: _____

Course Code: _____

Lecturer/ Course Co-ordination's Name: _____

Receipt No.: _____

- Notes:
- 1) One form must be completed for each course.
 - 2) The fee for this application is MRF 250

PART C

I declare that all information given in this form is accurate and true to the best of my knowledge.

Applicant's signature: _____

Date: _____

PART D (For official use only)

From: Student Academic Services

To: _____

Subject: Reconsideration of Course Grade

Assessment Policy provides students the opportunity to apply for the reconsideration of course grades. The outcome of this application may affect the student's academic standing (that is, whether the student should continue or be suspended or be placed on probation), completion of program (and therefore graduation), or enrolment next semester. We request therefore that you let us know your recommendation within a week of the date of this application.

Registrar_____
Date

PART E (For official use only)

From: _____ To: Student Academic Services

I/ We have reconsidered the grade for the student in the course in Part B of this application form in accordance with the Assessment Policy. My/ Our recommendation is as follows:

	Current Marks	Revised Marks
Continuous Assessment		
Examination		
Total mark/ Grade		

If the grade is changed, give reasons below for the change and fill in the marks and grades in the box.

Lecturer/ Course Coordinator_____
Date_____
Dean of Faculty_____
Date