

Grade Appeal Form

Student Name: _____ Student ID Number: _____

Course title: _____

Taken in Semester: _____ Year of Study: _____

Please indicate your grade obtained: _____

Please indicate the reason for appeal:

_____ (Student signature/date) _____ (School manager/date)

For Module Coordinator Use Only:

Outcome of Appeal

Approved

Changed Grade

Denied

Reason for Approval/Denial (if relevant):

_____ (Module' coordinator's signature/Date)