**Form for Revision of Allotted Grade**

|  |  |
| --- | --- |
| Date | Course Code |
| Academic Year | Course Name |
| Semester | Autumn/ Spring/ Summer |
|  | Instructor |

**Particulars of Grade Change**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Student’s Name** | **Roll number**  | **Allotted Grade** | **Revised Grade** | **Justification for Grade Change** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 Instructor Chairperson, Senate

 For Academic Programs Office Use

**Received on: Grades Updated on:**

Verified by:

Junior Assistant Junior Superintendent Assistant Registrar