



Villa College

• APPLICATION FOR RECONSIDERATION OF COURSE GRADE

A. PERSONAL DETAILS

Student ID Number:

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

Address:

Telephone:
 Fax:

Are you sponsored or private student?: Private Sponsored (name of sponsor) _____

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