

University of Education, Winneba
Division of Academic Affairs, Students Records Office
Grade Change Request Form

Department: _____

Faculty: _____

Campus: _____

Date: _____

S/N	Index Number	Course Code	Action (Add, Edit, Move, Drop)	Initial Score (Edit)	Final Score (Add, Edit, Move, Drop)	Academic Year and Semester (Add, Edit, Drop, move)	Destination Academic Year/Semester (Move Action only)	Reason for request	Lecturer's Signature
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Note: Completed form(s) must reach the Deputy Registrar, Academic Affairs before request will be authenticated on OSIS.

I hereby certify that the information given is True and I agree to the request for the change of grade.

Exams Officer/Grad. Coord. Name/Sign: _____ Date: _____

Head of Department Name/Signature: _____ Date: _____

Faculty Dean's Name/Signature: _____ Date: _____

<p>For SRO Official use</p> <p>Date Received: _____</p> <p>Action Taken: Accepted [<input type="checkbox"/>] Rejected [<input type="checkbox"/>]</p> <p>Reason(s) for rejection:</p> <p>_____</p> <p>_____</p> <p>SRO Officer Name/Signature:</p> <p>_____</p>
