



UNIVERSITY OF TECHNOLOGY, JAMAICA
APPLICATION FORM FOR APPEAL OF FINAL GRADE

Before completing this form, read carefully the information on the reverse.

STUDENT/MODULE INFORMATION

Student's Name: _____ ID # _____
(Last Name, First Name, Middle Initial)

Major: _____ Minor: _____

Email Address: _____ Phone #: _____

Module Name: _____ Module Code: _____ Credits: _____

Academic Year: _____ Semester: _____ Occurrence: _____

Name of Lecturer: _____ Grade Assigned: _____

STATEMENT OF REASON FOR REVIEW (Attach additional documentation/evidence)

Signature: _____ Date: _____

For Reviewer Use Only

Grade/Mark unchanged Y N Grade/Mark changed from _____ to _____

Reason for change/no change

Name of Reviewer: _____ Signature: _____ Date: _____

For College/Faculty Use Only

Date received: _____ Fee paid: Y N Signature: _____

Review sent to School Date: _____ Signature: _____

Review received from reviewer Date: _____ Signature: _____

Mark entered (via Change of Grade) Date: _____ Signature: _____