Grade Amendment Form

Student's College	
Semester in Which the Student Studied the Course	
Academic Year	
College Submitting the Course	
Current Semester	
Academic Year	

Student and Course Information

No.	Student ID	Student Name	Course Code	Section	Credit Hours	Course Name
1						
2						
3						
4						
5						

Course Grades Before Amendment

Practical Exam	Final Exam	Total (Numeric)	Total (Grade)	Total (Written)

Justification

Justification(s)

Course Grades After Amendment

Practical Exam Final Exam Total (Numeric) Total (Grade) Total (Written)

Signatures

Course Instructor	Program Coordinator	Executive Director of the College
Name: _____	**Name:** _____	**Name:** _____
Signature: _____	**Signature:** _____	**Signature:** _____
Date: ____ / ____ / 14 H	**Date:** ____ / ____ / 14 H	**Date:** ____ / ____ / 14 H

College Stamp

Notes

1. Any erasures or corrections on this form are **not permitted**.
2. If more than one academic semester has elapsed since the grade was issued, approval from **His Excellency the University Vice President for Educational and Academic Affairs** is required before the grade can be amended.