APPLICATION FOR RECONSIDERATION OF COURSE GRADE

This form is also available from the USP website address: http://www.usp.ac.fj/forms

Are you sponsored or private student?  
[ ] Private  [ ] Sponsored (name of sponsor)  

PART B (For official use only)

From: Student Academic Services  
To: _______________________________________________  
Subject: Reconsideration of Course Grade  

Assessment Regulation 4 provides 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 two weeks of the date of this application, failing which the Dean of Faculty will be notified.

__________________________________________________________________________________________________________________  
__________________________________________________________________________________________________________________  

PART C (For official use only)

From: _______________________________________________  
To: Student Academic Services  

I/We have reconsidered the grade for the student in the course in Part A of this application form in terms of Assessment Regulation 4. My/Our recommendation is as follows:

__________________________________________________________________________________________________________________  
__________________________________________________________________________________________________________________  

<table>
<thead>
<tr>
<th>Continuous Assessment</th>
<th>Current Marks</th>
<th>Revised Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total mark/Grade</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the grade is changed, give reasons below for the change and fill in the marks and grades in the box.

__________________________________________________________________________________________________________________  
__________________________________________________________________________________________________________________  

Lecturer/Course Coordinator  
Head of School/Department  
Dean of Faculty  

Date  
Date  
Date

REQUEST DETAILS

Course Title: __________________________________________________________  Course Code: _________________________  
Lecturer/Course Co-ordinator’s Name: ____________________________________  Receipt No.: __________________________  
Notes:  
1) One form must be completed for each course.  
2) A fee applies for each course that is to be reconsidered. Please check with your local campus for the current fee.

BANK ACCOUNT DETAILS (For your refund if your grade is amended)

Bank________________________________________ Branch________________________ Account Number_________________________

PERSONAL DETAILS

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

Address:  
Telephone:  
Fax:  
Email:  

Are you sponsored or private student?  
[ ] Private  [ ] Sponsored (name of sponsor)  

Manager, Student Academic Services  
Date

Continuous Assessment  
Total mark/Grade

Examination