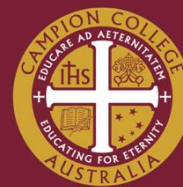


Request for Change of Result



Personal Details

Student Number	
Surname	
Given Name/s	

Unit Information

Unit Code			
Unit Name			
Semester		Year	

Result Information

Old Mark/Grade: (if applicable)		New Mark/Grade	
Justification for change			

Requested by

Unit Lecturer Name			
Signature		Date	

Dean of Studies Approval

Dean of Studies Name			
Signature		Date	

Office Use Only

Student Administration	Signed		Date	
	CC:	<input type="checkbox"/> Student File	<input type="checkbox"/> Results Records	<input type="checkbox"/> Paradigm EMS: