

BARBADOS COMMUNITY COLLEGE

GRADE APPEAL FORM

(This form must be submitted NO LATER THAN one week after receipt of the result of the Grade Review)

Date: _____

Rcpt.#: _____

\$ Pd : _____

NATIONALITY: YEAR OF ENTRY:

STUDENT IDENTIFICATION NUMBER: YEAR 1 / 2 / 3 / 4 SEMESTER 20.....

(Mr/Mrs/Miss)NAME
LAST NAME FIRST NAME MIDDLE INITIALS MAIDEN NAME

HOME ADDRESS:

TELEPHONE NO: (Home)..... (Work) (Cell)

PROGRAMME/MAJORS: FULL-TIME PART-TIME

REASON FOR REQUEST

- () Final grade not compatible with grades earned during the Semester
- () Displeased with the result of the grade review
- () Other (Please state precisely)

PLEASE INDICATE COURSE(S) FOR WHICH REQUEST FOR REVIEW WAS MADE

| COURSE CODE | COURSE NAME | GRADE | TUTOR |
|-------------|-------------|-------|-------|
| | | | |
| | | | |
| | | | |

EACH GRADE APPEAL WILL BE PROCESSED AT A COST OF: BDS \$25.00

Student's Signature Date

TO BE COMPLETED BY THE DIVISIONAL/DEPARTMENTAL HEAD

- () THE DECISION ARISING FROM THE GRADE REVIEW REMAINS UNCHANGED.
- () *A NEW GRADE HAS BEEN RECOMMENDED. THE NEW GRADE IS PERCENTAGE

Comments:
.....

.....
Chairman, Appeals Committee
*Please forward this form to the Office of the Registrar

.....
Date

TO BE COMPLETED BY THE REGISTRY

DATE RECEIVED DATE OF CHANGE (if any)

.....
Registrar

.....
Date