

BARBADOS COMMUNITY COLLEGE

GRADE REVIEW FORM

(This form must be submitted within three weeks of the Semester following that in which the grade was received)

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
- () Borderline consideration
- () Other (Please state precisely)

PLEASE INDICATE COURSE FOR WHICH REQUEST FOR REVIEW IS BEING MADE

COURSE CODE	COURSE NAME	GRADE	TUTOR

EACH GRADE REVIEW WILL BE PROCESSED AT A COST OF: BDS \$10.00

Student's Signature Date

TO BE COMPLETED BY THE DIVISIONAL/DEPARTMENTAL HEAD

- () THE GRADE WAS REVIEWED AND REMAINS UNCHANGED.
- () *THE GRADE WAS REVIEWED AND HAS BEEN CHANGED TO GRADE PERCENTAGE

Comments:
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Divisional/Departmental Head Date
*Please forward the relevant form to the Office of the Registrar

TO BE COMPLETED BY THE REGISTRY

DATE RECEIVED DATE OF CHANGE (if any)

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Registrar Date