

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:

Paid:

NATIONALITY:

YEAR OF ENTRY:

STUDENT IDENTIFICATION NUMBER: YEAR 1 / 2 / 3 SEMESTER20.....

(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 THE GRADE APPEAL IS BEING REQUESTED

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 CHAIRMAN, APPEALS COMMITTEE

() THE DECISION ARISING FROM THE GRADE APPEAL RESULTS IN THE GRADE BEING 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