

FORM 1

UNIVERSITY OF ENGINEERING AND TECHNOLOGY LAHORE
GRADE CHANGE REQUEST
(To be submitted to Chairman's Office)

Name of Student

Registration Number

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Department: _____

Subject: _____

Semester: _____

Grade Earned: _____

Expected Grade: _____

Reason for Grade Change Request: _____

Date: _____

Signature: _____

Students should not write below this line.

Concerned Teacher's Comments

All records have been re-checked and Grade Change Request is REJECTED/ACCEPTED (Delete one).

In case of Acceptance of Request

Previous Grade: _____ Marks earned after review: _____ New Grade _____

Reason: _____

Dated: _____ Teacher's Name/Signature: _____

Chairperson's Comments

Forwarded to the Dean of Faculty.

Date _____

Signature _____

No.

Dated: _____

Dean of Faculty's Comments

Approved and forwarded to the Controller of Examinations for further necessary action.

Signature: _____