|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Student Personal Information:** |  |  |
| Name:       | Identification No.:       | Mobile No:      |
| Program:       | Department:      | School:      |
| Current Semester:       | For the Academic Year:       |

Date:

**The course for which the final grade to be reviewed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course code and number** | **1st Exam Grade/or Mid Term Exam** | **2nd Exam Grade** | **Other works Grade** | **Final Exam Grade** | **Final Grade (Percent)** |
|  |  |  |  |  |  |

**Reasons for the final grade review:** ……………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

**Student’s grades in the above course before review:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course code and number** | **Course title** | **Credit hours** | **Final grade** |
|  |  |  |  |

Student’s signature: Date: / /

|  |
| --- |
| **Course instructor recommendation:** |
| Comments:  |
| ☐Change the grade | New Final Grade (percent): | Written: | Numeric: |
| ☐No change on the grade |
|  |
| **Program’s Department Graduate Studies Committee Recommendation:** |
| ☐Approved  | ☐Reject |  |
| Comments:       |
| Decision No:  |  |  |
| Signature of Committee’s Chairperson: | Date:  |
|  |  |  |
| **Program’s School Graduate Studies Committee Recommendation:** |
| ☐Approved | ☐Reject |  |
| Comments:       |
| Decision No:       |  |  |
| Signature of Committee’s Chairperson: | Date:  |
|  |  |  |
| **Dean of Graduate Studies Decision:**  |
| ☐Approved | ☐Reject |  |
| Comments:       |
|  |
| Dean of Graduate Studies Signature: | Date: / / |

**Required Attached documents:**

1. The student should submit the review form within a week of declaring the results to the concerned chairperson
2. If there is conflict in the various recommendations the issue is referred to the Deans Council.
3. The student should attach a receipt in the requested application fee with this form.

Cc/School’s Graduate Studies Committee Chairperson if the change is approved.

/Admission and Registration Department if the change is approved.