 **GS-F 10**

**German Jordanian University School:**

**Deanship of Graduate Studies Department:**

 **Date: / /**

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| **Final grade review for a course** |

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| **Student Personal Information:** |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_

Program:\_\_\_\_\_\_\_\_\_\_\_\_ Dept.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The course for which the final grade to be reviewed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:…………………………………………………..

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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

Course Instructor’s signature: Date: / /

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| **Program’s Dept. Graduate Studies Committee Recommendation:** |

□ Approve □ Reject

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision No.:

Signature of Committee’s Chairperson: Date: / /

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| **Program’s School Graduate Studies Committee Recommendation:** |

□ Approve □ Reject

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision No.:

Signature of Committee’s Chairperson: Date: / /

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| **For the use of the Deanship of Graduate Studies (Admission and Registration):** |

1. □ All the information mentioned above are correct and precise.
2. □ Remarks on the application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date: / /

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| **Graduate Studies Council Decision:** |

□ Approve □ Reject

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision No.:

Dean of Graduate Studies Signature: Date: / /

**Required Attached documents:**

The student should submit the review form within a week of declaring the results to the concerned chairperson

If there is conflict in the various recommendations the issue is referred to the Deans Council.

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.

Cc/Admission and Registration Department if the change is approved.