EXPLOITS UNIVERSITY
Knowledge. Application. Mastery

EXAMINATION RESULTS QUERY FORM

(TO BE COMPLETED WITHIN SEVEN DAYS OF RELEASE OF RESULTS)

Date of Filing Query or application for review: __ __ / __ __ / 2 0 __ __

Student Name:

Student Reg Id #:

EXAMINATION #:

SUBJECT Name:

Subject Code:

CURRENT GRADES

ASSIGN 1	ASSIGN 2	COURSEWORK	MID SEM	END SEM	FINAL GRADE

Nature of Query (In the provided space please clearly state the reason for application of reviews)

Provide **supporting statements** or documents, screenshots etc. in the space below:

LECTURER'S DECISION (check the appropriate)

☐ RESULT REMAINS UNCHANGED   ☐ RESULT CHANGED

RESULT TO CHANGE

ASSIGN 1	ASSIGN 2	COURSEWORK	MID SEM	END SEM	FINAL GRADE

Name of Lecturer: …………………………. **Signature**…………………… Date…………………

Head of Department………………………☐ Approved ☐Disapproved   Date…………………

DEAN Endorsement ……………………………………………….. Date………….…………

Additional Comments(optional)…………………………………………………………………(/**form EU 24**)