The LNM Institute of Information Technology, Jaipur

Request for Grade Modification of Odd / Even Semester20____/____

Date:___/___/_____

To,

The Director

The LNMIIT, Jaipur

Through : HOD and Dean Academic

Name of Course   :

S. No.	Roll No.	Name	Old Grade	New Grade	Reason for Grade Change
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Thanks

Signature of Course Instructor

Name of Course Instructor   :

Name and Signature of HOD   **Dean Academic**

Director