UNIVERSITY COLLEGE OF THE CARIBBEAN

Incorporating Institute Of Management Sciences &
Institute Of Management & Production
A Member of the Commonwealth & OAS Consortia of Universities

STUDENT GRADE QUERY & REVIEW REQUEST

(In accordance with Examination Policy #)

NAME:	CONTACT INFORMATION (W) (H) (C)
ID #	EMAIL ADDRESS:
PROGRAMME REGISTERED FOR:	ORIGINAL GROUP: GROUP MODULE WAS DONE WITH, IF APPLICABLE:
LECTURER:	MODULE:

CENTRE

□ KINGSTON □ MONTEGO BAY □ OCHO RIOS □ SAVANNA LA MAR □ MANDEVILLE □ MAY PEN

DATE OF EXAMINATION:

NATURE OF QUERY/REVIEW :

APPLICANT'S SIGNATURE	DATE:

FOR OFFICIAL USE ONLY:

DATE QUERY / REVIEW REQUEST RECEIVED:	COORDINATOR/OFFICER RECEIVING QUERY/ REVIEW REQUEST:
DATE PASSED FOR ACTION:	DEPARTMENT / OFFICER PASSED TO: DATE RECEIVED IN THE EXAM DEPARTMENT:

RESULT OF INVESTIGATION / REVIEW

ACTION TAKEN :

DATE: _____

DATE PROGRAMME COORDINATOR /OFFICER ADVISED OF THE RESULTS OF THE REVIEW :	DATE STUDENT ADVISED :