UNIVERSITY OF THE COMMONWEALTH CARIBBEAN (UCC)

Fostering Leadership & Innovation

STUDENT GRADE QUERY & REQUEST FOR REMARK OF END OF MODULE EXAMINATION

SECTION 1 : STUDENT AND CONTACT INFORMATION

*FIRST NAME

*MIDDLE NAME (S)

*LAST NAME

*I.D. # _____ EMAIL _____

PHONE _____ (HOME) _____ (MOBILE) _____ (WORK)

CAMPUS(ES) ATTENDED _____
1 2 3

PROGRAMME REGISTERED FOR _____ ORIGINAL GROUP _____

SECTION 2 : QUERY INFORMATION

DATE OF EXAMINATION ____/____/____ (mm / dd / yyyy)

NATURE OF QUERY _____

SECTION 3 : SIGNATURE

*NAME _____ *SIGN HERE ▶▶ _____ DATE ____/____/____ (mm / dd / yyyy)

FOR OFFICIAL USE ONLY

RECEIVED BY _____ DATE ____/____/____ (mm / dd / yyyy)
STUDENT SERVICES OFFICER SIGNATURE

SENT TO FOR ACTION _____ DATE ____/____/____ (mm / dd / yyyy)
EXAMINATIONS OFFICER SIGNATURE

DATE RECEIVED IN THE EXAM DEPARTMENT ____/____/____ (mm / dd / yyyy)

RESULT OF INVESTIGATION / REMARK _____

ACTION TAKEN _____

DATE ACTION TAKEN ____/____/____ (mm / dd / yyyy)

DATE STUDENT SERVICES OFFICER ADVISED OF THE RESULTS ____/____/____ (mm / dd / yyyy)

DATE STUDENT ADVISED ____/____/____ (mm / dd / yyyy)