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+92-42-99230825

Date: _____

Semester: _____

Result Review/Grade Correction Form

Roll No:

F	1						
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Students Name: _____

Course Code: _____

Course Title: _____

Section: _____

Teacher's Name: _____

Reported Result: _____

Marks: _____

Letter Grade: _____

Bank: _____

Challan No. _____

Amount: _____

Date: _____

Precisely & Concisely write the reason to request the Result Review

Student's Signature: _____

Date: _____

SCC Signature: _____

Program Coordinator's Signature: _____

Faculty Use Only

Corrected Result: _____

Marks: _____

Letter Grade: _____

Justification to Grade Change: _____

Faculty Signature

Date: _____

Approved

Date: _____

NOT Approved

Director's Signature: _____

CC

a. Record Office

b. Students Personal File

Important: *NO Grade Change based up Sessional Marks is Permitted.*