



PRESIDENCY UNIVERSITY

Private University Estd. in Karnataka State by Act No. 41 of 2013

APPLICATION FOR REVIEW OF THE GRADE AWARDED

(Clause No 13.0 of Academic Regulations)

To
Head of Department / Dean,

Date: / /20

Presidency University, Bengaluru.

Name of the Student: _____ UID No: _____

Roll No: _____ Programme: _____

Examination: _____ Date of declaration of the Result: _____

I hereby request for review of the Grade awarded to me in the End Term Final Examinations:

Course Code	Course Name	Grade Awarded

Grounds for review of Grade: (You must substantiate your request for a review with cogent arguments. It's not sufficient to say 'I expected a higher grade', without producing any evidence to support this claim.)

I am enclosing herewith Receipt of Fees paid of **Rs.1,000/- (Rupees One Thousand Only)** for the Grade Review vide receipt no / Online payment Transaction ID _____ dated _____.

[Click Here for the Payment of Grade Review Fees through online portal](#)

Student E-mail ID:	
Mobile No.	

Signature of Student

Encl: 1. Fees Receipt 2. Photocopy of Grade Card 2. Supporting document/s : _____

IMP Note: Student should submit the application along with the photo copy of Grade Card to HoD / Dean Office within five (5) University Working Days from the date of declaration of Results of the End Term Final Examinations. No request for review of grade(s) shall be admissible after five (05) University working days from the date of declaration of the results of the End Term Final Examinations.

For Office Use:

Application Received on: _____ Signature of Receiver: _____
(Date) (HoD / Dean Office)

OFFICE USE ONLY

Review of Grade allowed? Allowed Disallowed

Reasons by Course Faculty:

Name: _____ Sign with Date: _____

Remark by Course Instructor:

Name: _____ Sign with Date: _____

Remark by Other faculty member/s who is/are familiar with Course:

Name: _____ Sign with Date: _____

Decision by HoD / Dean:

Recommendation: Mark / Grade Stands New Mark / Grade

(Please provide a statement as to the decision and the reasons why this decision was reached and include any recommendation for increase or decrease of marks / grade awarded.)

To be Complete IF New Mark / Grade recommended:

Course Code & Name	Before Review of Grade			Grade Awarded	After Review of Grade			Grade Awarded
	CA	End Term	Total		CA	End Term	Total	

Original copy of this application with supporting documents submitted to the Controller of Examinations office within Five (5) University working days.

Name: _____ Sign : _____
(HoD / Dean)

Department: _____ Date: _____