

REQUEST FOR CHANGE IN MARKS / GRADES

Semester: JAN-MAY / JUL-NOV

Course No: _____ Degree: B.Tech. / D.D. / M.Des. / M. Tech./ Ph.D
Course Name: _____ Branch: COE / EDM / MDM / MSM / CED / EVD /
ESD / MPD / MFD / CDS / EDS / MDS
/SMT

Roll No	Name of the Student	Marks / Grades		Justification for change (* a separate sheet may be attached if required)
		Already submitted	To be changed to	

Name of the Faculty: _____ Signature with date: _____

Approved / Not Approved
DIRECTOR

Note: After submission of grades no change will be entertained. In very special case, the faculty has to take written permission / approval from Competent Authority.

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