

LINGNAN UNIVERSITY

Application for a Review of Grades

- Notes: 1. Appeals must be made within five days after the official disclosure of examination results. No late applications will be accepted. 2. Upon submission of this form to the Registry, the applicant is required to pay a deposit for a review of grades. 3. If the application is not submitted in person, the applicant needs to enclose a copy of his/her identity card for identity verification. If an authorized person is appointed to handle the application, an authorization letter is required. 4. After a formal appeal for a review of grades is submitted, no personal lobbying by the student is permitted. Failure to comply with this requirement will result in the appeal case being disqualified. 5. Appeals may result in upgrading or downgrading of assessment results, and the deposit will be refunded only if the appeal results in a change of grade. 6. Results of appeal will be determined within 7 working days from the day when the application is submitted. 7. You may collect the notification at the Registry 7 working days after the day of application. Should you like to receive the notification by mail, please complete the appended address box. If you fail to receive the notification by mail 14 working days after the day of application, please contact the Registry at 2616 8750.

Full Name of Applicant : \_\_\_\_\_ Student No. : \_\_\_\_\_
Year of Study : \_\_\_\_\_ Study Programme : \_\_\_\_\_
Course Code : \_\_\_\_\_ Course Title : \_\_\_\_\_
Section : \_\_\_\_\_ Subject Teacher : \_\_\_\_\_
Examination taken in the \_\_\_\_\_ Term of 20 \_\_\_\_ - \_\_\_\_ Grade originally given : \_\_\_\_\_
Signature of Applicant: \_\_\_\_\_ Date : \_\_\_\_\_

To : Programme Director/Head of Academic Unit:
Please inform me of the result of the review by completing the following section and returning this form to me before \_\_\_\_\_.
\_\_\_\_\_ Registrar \_\_\_\_\_ Date

Result of Review
Original Grade ( ) Grade after Review ( )
Original Marks ( ) Marks after Review ( )
Original Total Marks ( ) Marks after Review ( )
Signed :
\_\_\_\_\_ Responsible Teacher \_\_\_\_\_ Programme Director/Head of Academic Unit
(Name in Block Letters : \_\_\_\_\_ )
\_\_\_\_\_ Date \_\_\_\_\_ Date

Registry's use
Deposit: \$40 Payment checked by: \_\_\_\_\_ Student's record updated by: \_\_\_\_\_ on \_\_\_\_\_

Notification of Appeal Result
( ) The grade has been changed, and the deposit will be refunded
1. The amended grade has been entered into your records. Please check your web transcript.
2. Student should bring this notification and the deposit receipt to the Comptroller to claim his/her deposit.
( ) The original grade stands, and the deposit will not be refunded.
c.c.:

Correspondence Address for Sending Notification of Appeal Result
Name: \_\_\_\_\_
Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Notification of Appeal Result:
( ) to be collected at the Registry.
( ) to be sent to the address specified on the left.