

**POST BOE RESULT AMENDMENT FORM**

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| **Faculty:**  |  | **Department / School:** |  |

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| **Contact Name:**  |  | **Extension Number:** |  |

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| **The Result Amendments on this form are for the YEAR of**  |  | **ONLY** |

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| **Student Number** | **Student Name****Surname, Initials** | **Course****Code** | **Unit****Code** | **Year** | **Teaching Period** | **Location of Unit Offering** | **Prior Result****Mark/Grade** | **Final Result****Mark/Grade** | **Office Use Only****Keyed & Checked By** |
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| **Reason for Change:** |  |

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| **Examiner’s Signature:** |  | **Print Name:** |  | **Date:** |  |

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| **Signature of Approval Head of School, Department or Faculty:** |  | **Print Name:** |  | **Date:** |  |
|  |  |  |  |  |  |
| **Signature of Chair of Board of Examiners:** |   | **Print Name:** |  | **Date:** |  |