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**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:** |  |