Office of the Controller of Examinations
UNIVERSITY OF LIBERAL ARTS
BANGLADESH

Grade Change Form

Instruction to Faculty:	Instruction to Department Head:
Please complete point 1 to 4; and personally request your Department Head to sign in point 5.	Please sign in point 5 and send the form in a sealed envelope to the Controller of Examination Office.

1.

Student ID	Student Name (as in the ULAB records)

2.

Name of the Program

3.

Term	Course Code	Course Title	Section

Old Grade	New Grade	Reason(s) for change

4.

Name of the Teacher	Signature

5.

Name of the Head of the Dept.	Signature

6.

Vice Chancellor's signature with date

For use of Controller of Examinations Office	
New grade confirmed	New grade uploaded into URMS
_____ Signature of the Controller of Examinations Date:	Posted by: ………………………………….. Date: …………………………………………