

STUDENT PARTICULARS

NAMES:REG No.:

PROGRAMME:.....SEMESTER:.....SCHOOL:.....

TEL No.:..... / E MAIL:.....

COMPLAINT [If your complaint has more than 4 courses fill another form]

COURSE CODE	COURSE NAME	LECTURE R'S NAME	NATURE OF COMPLAINT [Tick where appropriate]	REMARKS FROM LECTURER
1. _____			1. Missing Coursework <input type="checkbox"/> 2. Missing Exam <input type="checkbox"/> 3. Missing All <input type="checkbox"/> 4. Remarking <input type="checkbox"/> 5. Others [Specify] <input type="checkbox"/> _____	
2. _____			1. Missing Coursework <input type="checkbox"/> 2. Missing Exam <input type="checkbox"/> 3. Missing All <input type="checkbox"/> 4. Remarking <input type="checkbox"/> 5. Others [Specify] <input type="checkbox"/> _____	
3. _____			1. Missing Coursework <input type="checkbox"/> 2. Missing Exam <input type="checkbox"/> 3. Missing All <input type="checkbox"/> 4. Remarking <input type="checkbox"/> 5. Others [Specify] <input type="checkbox"/> _____	
4. _____			1. Missing Coursework <input type="checkbox"/> 2. Missing Exam <input type="checkbox"/> 3. Missing All <input type="checkbox"/> 4. Remarking <input type="checkbox"/> 5. Others [Specify] <input type="checkbox"/> _____	

NOTE:

- i. *For Missing coursework marks, attach original coursework scripts for verification.*
- ii. *For Remarking, attach a letter of request addressed to your School Dean.*

Student's signature:

Date of Submission: