



CONVERSION OF AN INCOMPLETE GRADE TO A LETTER GRADE

Student Name: _____ Student ID: _____

Batch: _____ Cell No: _____

Course Title: _____ Class No: _____

Taught Term: _____ Student's Email Address: _____

Date: _____

TO BE FILLED BY THE INSTRUCTOR

Assignment Category (Where Change Applicable)	Previous Marks	Current Marks

Previous Grade:

Current Grade:

Accepted:

Not Accepted:

Instructor's Remarks:

Instructor's Name & Signatures:

Registrar's Signatures

Date: _____

Date: _____