



Amendment to Results

Student Details

DEAKIN COLLEGE ID	FAMILY NAME	GIVEN NAME/S	COURSE

Unit Details

UNIT CODE	UNIT NAME	SEMESTER	PREVIOUS RESULT		AMENDED RESULT	
			Mark	Grade	Mark	Grade

Reason for Amendment

.....

Unit Coordinator:

NOTE: The amendment to results form will not be processed unless complete information is provided.

Authorised by:

Signed: Date:.....

Name: Les Hughes..... Position: Academic Director

Office Use Only:

Student Record amended by:..... Date: