



# 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

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**Unit Coordinator:** .....

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

### Authorised by:

Signed: ..... Date: .....

Name: Jonathon Pura ..... Position: Academic Director .....

### Office Use Only:

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