

RECONSIDERATION OF RESULT



To: Director of School

From: **Name:** _____
Student ID no. _____
E-mail: _____ **Phone:** _____

I wish to request a reconsideration of result, relating to:

Programme: _____

Course: _____

Please supply a full explanation of the grounds for your request.

The grounds for my request are (attach any evidence as required):

Signed: _____ **Date:** _____
(Applicant)

Outcomes:

Signed: _____ **Date:** _____
Director of School or delegate