

EXAMINER/LEAD FACILITATOR

Name:

Signature:

HEAD OF DEPARTMENT
(Student's HoD)

I, hereby, approve the mark(s) amendment.

Yes:

No:

Name:

Signature:

PROVOST/IDL DIRECTOR
(Student's Provost/IDL Director)

I, hereby, approve the mark(s) amendment.

Yes:

No:

Name:

Signature:

Head of Examinations Audit Comment(s):

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- NB: 1. Original marked script(s), original attendance sheet(s) and any other relevant document(s) must be attached.**
2. Any outstanding mark(s) that is obtained after audit is considered an amendment.
3. Upload of NEW mark(s) is/are only permissible after the amendment process is complete i.e., endorsement by the Head of Department, Provost and Head of Examinations Audit.