



**THE UNIVERSITY OF THE WEST INDIES**  
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**ADDITIONS AND CHANGES TO EXAMINATION MARKS**

**COURSE CODE AND TITLE:** \_\_\_\_\_

**SEMESTER:** \_\_\_\_\_

*A Reason for the change of mark/grade must be stated. This form must be signed by the 1<sup>st</sup> and 2<sup>nd</sup> Examiner*

STUDENT ID NUMBER	PREVIOUS MARK		AMENDED MARK		FINAL TOTAL MARK ex 100%	REASON FOR CHANGE
	COURSE WORK MARK%	FINAL EXAM MARK%	COURSE WORK MARK%	FINAL EXAM MARK%		

**1<sup>st</sup> Examiner:** .....

**2<sup>nd</sup> Examiner:** .....

**Date:** .....

**Date:** .....