Amendment to Academic Record

Student Number: 

Student Name: 

Course Name: 

Faculty: 

Student's Reason for Amendment: 

Date: 

Student's Signature

HOW TO SUBMIT THIS FORM
In Person to: Your Faculty Central

UOW Office Use Only

<table>
<thead>
<tr>
<th>Subject Code</th>
<th>Head of Unit's Recommendation</th>
<th>Head of Unit's Reason for Recommendation</th>
<th>Head of Unit’s Name</th>
<th>Date</th>
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Delegated Authority's Recommendation:  ☐ Approved  ☐ Not Approved  ☐ See Delegated Authority's Comments

Delegated Authority's Comments:

Name of Delegated Authority Making This Decision:

Signature of Delegated Authority Making This Decision:

Date of Decision:

Recommendation for Administrative Fee to be Waived:

☐ UOW delay in processing  ☐ Original form lost  ☐ Medical / Compassionate

☐ Incorrect academic advice  ☐ UOW error  ☐ Late declaration of mark/grade

SSO-AA-PRM-078  Amendment to Academic Record Form
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Version 6 August 2017