



# MOUNTAIN TOP UNIVERSITY

## REQUEST FOR AMENDMENT OF RESULT

DATE.....

COLLEGE.....

DEPARTMENT.....

PROGRAMME.....

S/N	Matric. No.	Name of Student	Semester	Session	Course Code	Name of Internal Examiner	Former Score			New Score			Reason for Change in Score	Remark by BCOS
							CA	Exam	Total	CA	Exam	Total		

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Name of Chief Examiner

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Signature

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Date

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Name of Dean of College

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Signature

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Date