



ADMISSIONS OFFICE

P.O. Box 36711, Lusaka, Zambia.

Website: www.unilus.ac.zm

Phone: +260 211 269 942 | Cell: +260 976 075 850 / +260 953 688 533

Email Complete Form to:

Undergraduate: correspondence@unilus.ac.zm

Postgraduate: postgraduate@unilus.ac.zm

RESULTS APPEAL FORM

OFFICIAL USE ONLY

Receipt No:

COST OF APPEAL PER COURSE:

Undergraduate - **K500** / Postgraduate - **K500**

INSTRUCTIONS:

- Please read through the form carefully before filling.
- Provide information where appropriate.
- Please write in Block Letters and Mark with an "X" where appropriate e.g [X]
- Please note: it's one appeal form per course.

STUDENT INFORMATION:

Name: (Mr/Mrs/Ms/Dr/Prof): _____

Student Number: _____

Current Programme: _____

Current Stage: _____

Mode of Study: _____

Course Being Appealed For: _____

Date: _____

NATURE OF APPEAL: NE MISSING CA FINAL EXAM REMARK

REASON FOR APPEAL:

CONTACT DETAILS:

Mobile Phone No: _____

Email Address: _____



OFFICIAL USE ONLY

RESULTS APPEAL INVESTIGATION FORM

OFFICER DEALING WITH THE APPEAL: _____ **Date:** _____

Name of Student: _____ **Student ID:** _____

Program: _____ **Stage/Year:** _____ **CAT:** FT/PT/ DL

Course(s) in which the student is contesting grade: _____

Nature of Appeal: NE Missing CA Final Exam Remark

CURRENT RESULTS ON PORTAL:

Assignment One Grade: _____ **Total CA:** _____

Assignment Two Grade: _____ **Exam:** _____

Test Grade: _____ **Final Grade:** _____

RESULTS OF THE INVESTIGATION:

Total CA: _____ **Exam Mark:** _____

Final Grade: _____

COMMENTS:

DEANS COMMENTS:

APPEAL FINDINGS:

Results Stand as communicated

Results change:

DEANS SIGNATURE: **DATE:**

SENATE APPROVAL

SIGNATURE:.....

DATE: