UNIVERSITY
OF WOLLONGONG
AUSTRALIA

Amendment to Academic Record

Student Number:

Student Name:

Course Name:

Faculty:

Student's Reason for Amendment:

Add or Delete Subject	Subject Code	Campus/ Class	Session	Year
Add / Delete				
Add / Delete				
Add / Delete				
Add / Delete				

Date:

Student's Signature

HOW TO SUBMIT THIS FORM

In Person to: Your Faculty Central

UOW Office Use Only

Subject Code	Head of Unit's Recommendation	Head of Unit's Reason for Recommendation	Head of Unit's Name	Date

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	☐