



NATIONAL OPEN UNIVERSITY OF NIGERIA

STUDENTS' COMPLAINT FORM ON EXAMINATION RESULTS

Instruction: Please fill this form in triplicate

Study Centre.....State.....

1. Name:.....
Surname Others

2. Matriculation No:..... Year of Matriculation.....

3. Telephone: (a) Land Line No..... E-mail Address:.....
(b) Cell Phone: No:.....

4. Session..... Semester.....

5. Level of Study..... Programme.....School.....

6. Area(s) of complaint (Tick as appropriate)
(a) Examination (indicate course title and code).....
(b) Tutor Marked Assignment
(c) Others Specify:.....

7. Please state the exact complaint(s).....
.....
.....

8. Complainant's Signature:.....Date.....

OFFICE USE

9. Received by Students' Counsellor.....Signature and Date.....

10. Forwarded to Academic Office.....Signature and Date:.....

ACTION TAKEN

11. Forwarded to: (Tick as appropriate) (a) Academic Office (b) School
(c) Exam Office (d) Learners Support Services
(e) CNS

12. Remarks (a) Complaint(s) resolved
(b) Complaint(s) not resolved

13. Feedback
Resolution communicated to student

14. Registrar's Signature:.....Date:.....