Grade inflation/Deflation Report

Course Name		**Course Code**	
Course Coordinator		**Department**	
Section Number		**Campus name**	
Exam Date		**Report Date**	
Inflation or Deflation		**Quarter code**	**Ex 441**

Course Coordinator			
General Comments:			
Possible Reasons		**Action Plans**	
Name		**Signature**	

Head of the Department			
General Comments:			
Name		**Signature**	

Please submit this form for HoD /VD-ED result approval