University of Victoria | Graduate Admissions & Records

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# GRADUATE GRADE CHANGE

**TO**: Graduate Admissions & Records

**RE**: Graduate Grade Change

**DATE**: _____

**FROM**: _____

**SESSION**:
- ○ Jan - Apr 20 ____
- ○ May- Aug 20 ____
- ○ Sep- Dec 20 ____

Student's First Name:_____ Student #: V0 _____

Student's Last Name:_____ CRN: _____

Course:_____ Section #: _____

Unit Value: _____ Revised Grade: _____

Grade Assigned: _____

Reason for Grade Change:

_____

_____

_____

_____

_____

_____

Approved By:

Instructor: _____ _____
PRINT NAME SIGNATURE

Chair of the Department: _____ _____
PRINT NAME SIGNATURE

***Departments**: Please keep a copy of this form for your records. If the head of the academic unit is also the course instructor, this must be signed by a grade approver who is one administrative level up from your role. (Eg., for a department chair, select the dean or associate dean of the faculty.)*

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