



GRADUATE GRADE CHANGE

TO: Graduate Admissions & Records

RE: Graduate Grade Change

DATE: \_\_\_\_\_

SESSION:  Jan - Apr 20 \_\_\_\_

FROM: \_\_\_\_\_

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

\_\_\_\_\_  
FACULTY OF GRADUATE STUDIES

**Departments:** Please keep a copy of this form for your records. Original will be kept by Graduate Admissions & Records.