



**Form "3"**  
**FACULTY OF ARTS AND SCIENCES**  
**Request for Change of Grade**

To: Office of the Dean

From: .....  
 Name of Course Instructor

Date: .....

Student's Full Name: .....

Student's ID number: .....

Class/Major: .....

Student's Box number: .....

Department: .....

Course Number: .....

For  Fall  Spring  Summer of the academic year .....  
 be changed from ..... to ..... (grade in word form .....

Option 1  No Valid excuse was presented to justify the incomplete work.

Option 2  Error was made in the grade reported to the Registrar.

The nature of the error was as follows:\* (use back of page if needed)

.....  
 .....  
 .....

.....  
 Signature of Course Instructor

.....  
 Name and Signature of Chairperson or  
 Director of Academic Unit

- \* This request will not be considered unless the following documents are attached:  
 1. Copy of the original class list with all grades given  
 2. Detailed course grading scheme

**(The space below is reserved for response by the Office of the Dean)**

To: Registrar

Date: .....

From: Office of the Dean

The above request is:  Approved  Declined

.....  
 Authorized Signature  
 A/ Chairman, Student Academic Affairs Committee

cc: Office of the Dean  
 Chairman or Director of Academic Unit  
 Academic Adviser