



Form "2"
FACULTY OF ARTS AND SCIENCES
Authorized Change of Grade *

To: Office of the Dean

From:
 (Faculty member)

Student's Full Name:

Student's ID number:

Student's Box number:

Class/Major:

The above student has the permission of the Office of the Dean to delay the completion of the work required in

(Department)

(Course Number)

Which the student registered for during Fall Spring Summer

of the academic year

The new grade for the course is (letter grade)

Date:

.....
 Name and Signature of Instructor

* This form is valid ONLY if the approval memo from the Dean's Office is attached (i.e. From "1").

(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:

.....
 Authorized Signature
 A/ Chairman, Administrative Committee

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