



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

To: Office of the Dean

From: .....  
 (Faculty member)

Date: .....

Student's Full Name: ..... ID number: .....

PO Box: ..... Class/Major: .....

Department: ..... Course Number: .....

For  Fall  Spring  Summer of the academic year .....

be changed from ..... to ..... (letter grade .....

It is hereby certified that an error was made in the grade reported to the Registrar.

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

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

.....  
 Name and Signature of 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: .....

Date: .....

From: Office of the Dean

The above request is:  Approved  Declined

.....  
 Authorized Signature

A/ Chairman, Administrative Committee

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