



CHANGE OF GRADE FORM

THIS SECTION TO BE COMPLETED BY THE INSTRUCTOR					
STUDENT'S SURNAME			GIVEN NAMES		
STUDENT'S NUMBER	STUDENT'S FACULTY	SUBJECT/COURSE NO.	SECTION NO.	CRN	CRN
COURSE TAKEN IN: Enter two CRN's if it is a spanned course <input type="checkbox"/> FALL <u>20</u> <input type="checkbox"/> WINTER <u>20</u> <input type="checkbox"/> SUMMER <u>20</u> <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> INTER-UNIVERSITIES SERVICES <input type="checkbox"/> CAMPUS MANITOBA <input type="checkbox"/> OTHER OFF-CAMPUS					
PREVIOUS GRADE REPORTED			GRADE SHOULD NOW BE RECORDED AS		
REASON FOR CHANGE					
SIGNATURE OF INSTRUCTOR				DATE	
PLEASE NOTE: After completing the above section, the instructor must send the signed original for approval to the Department Head, or the Dean or Director if there is no Department Head.					
THIS SECTION TO BE COMPLETED BY THE DEPARTMENT HEAD, OR DEAN OR DIRECTOR IF THERE IS NO DEPARTMENT HEAD					
APPROVED				DATE	
PLEASE NOTE: If the Change of Grade is approved retain copies as required AND FORWARD THE SIGNED ORIGINAL TO THE DEAN OR DIRECTOR OF THE STUDENT'S FACULTY OR SCHOOL.					
THIS SECTION TO BE COMPLETED AND THE STUDENT'S RECORD UPDATED BY DEAN'S/DIRECTOR'S OFFICE OF THE STUDENT'S FACULTY OR SCHOOL					
AS A RESULT OF THE ABOVE CHANGE OF GRADE	1) THE SESSIONAL ASSESSMENT OF THE ABOVE STUDENT DOES NOT CHANGE <input type="checkbox"/> OR CHANGES TO: _____				
	2) THE STUDENT NOW QUALIFIES FOR DEAN'S HONOR LIST YES <input type="checkbox"/> NO <input type="checkbox"/>				
	3) THE STUDENT IS NOW ELIGIBLE TO GRADUATE YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, FACULTY/SCHOOL TO UPDATE GRADUATION DATE ON STUDENT'S RECORD.				
COMMENTS:					
DATE			SIGNATURE		
PLEASE NOTE: After completion, please retain a copy and forward the original to the REGISTRAR'S OFFICE. Photocopies are not acceptable.					