

UNDERGRADUATE
Grade OR Grade Change

Please return this form to: Megan MacLeod,
Enrolment Services, Office of Registrarial Services, University Centre Level 3 OR fax: 519-766-0143

Student's Name: _____, _____
 {surname} {first name}

Student's I.D. Number: _____

Course Number & Section: _____
{eg. PSYC*2310*01} {Course eg. PSYC*2310} {Section eg. 01}

Course Title: _____

Semester Course Taken: _____
{example: F10}

Current Grade: _____
{as posted on Colleague}

Revised Grade: _____
{new final grade or "no change"}

Reason for Revision

☐ Result of student appeal of original grade

☐ Correction of miscalculation of grade

☐ Result of completed Deferred Privilege

☐ Other {explain: please print clearly below}

Instructor's Signature: _____ Date: _____

Chair's: _____ Date: _____

OFFICE USE ONLY

Date Processed _____ By _____

Continuation of Study From _____ To _____

Dean's Honours List Yes _____ No _____

Letter Required **Yes** _____ **No** _____

**NOTE: GRADES SHOULD NOT BE SENT BY CAMPUS MAIL
HAND DELIVER OR FAX TO 519-766-0143 FAX CONSTITUTES AS THE ORIGINAL**