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 (grades spreadsheet)  
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  
Chairman, Undergraduate Student Academic Affairs Committee  
or Graduate Studies Committee  

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