

FORM "2"
FACULTY OF HEALTH SCIENCES
AUTHORIZED CHANGE OF GRADE*

To: Student Services Office

From: _____

Student's Name _____

Student's I.D. Number _____

~~AC~~ Class _____

The above student has the permission of the Office of the Dean to delay the completion of the work required in _____ Department _____ Course No. _____ which the student registered for during the _____ semester of the academic year _____ .

The new grade for the course is _____.

Date _____

Name and Signature of Instructor

*This form is valid ONLY if the approval memo from the Student Services Office is attached (i.e. Form "1").

(The space below is reserved for response by Office of the Dean)

To: Registrar

From: Student Services Office

Date _____

The above request is approved:

Authorized Signature
Chairperson of the Committee

UGCA-SAC

Graduate Studies

cc: Student Services Office
Chairman of Academic Unit