

**FORM "3"**  
**FACULTY OF HEALTH SCIENCES**  
**REQUEST FOR CHANGE OF GRADE**

**(Do not use this form for removal of INCOMPLETE Work)**

To: Student Services Office

From: \_\_\_\_\_

Date \_\_\_\_\_

It is requested that the grade of \_\_\_\_\_

\_\_\_\_\_

Student ID	Class	Major	Department	Course No.
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for the \_\_\_\_\_ semester of the academic year \_\_\_\_\_ be changed  
from \_\_\_\_\_ to \_\_\_\_\_.

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 Chairman or  
Director of Academic Unit

- \* This request will not be considered unless the following documents are attached:
1. Copy of original class list with all grades given
  2. Detailed course grading scheme

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

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To: Registrar

From: Student Services Office

Date: \_\_\_\_\_

The above request is: Approved \_\_\_\_\_

Declined \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature  
Chairperson of the Committee

- UGCA-SAC  
 Graduate Studies

cc: Student Services Office  
Chairman or Director of Academic Unit