UNIVERSITY of GUELPH

GRADUATE
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

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

Student's I.D. Number: _____

Student's Program: _____

Course Number & Section: _____ (eg. PSYC*6010*01)

Course Title: _____

Semester Course Taken: _____
{example: F10}

Original Grade: _____

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

Reason for Revision: ✔

____ Early completion of course requirements – Final Grade
____ Late completion of course requirements
____ Result of student appeal of original grade
____ Correction of miscalculation of grade
____ Other {explain: please print clearly below}

_____

_____

Instructor's Signature: _____ Date: _____

Chair's Signature: _____ Date: _____

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NOTE: GRADES SHOULD NOT BE SENT BY CAMPUS MAIL

PLEASE HAND DELIVER OR FAX TO 519-766-0143
FAX CONSTITUTES AS THE ORIGINAL

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