



GRADUATE Grade OR Grade Change

Please email completed form to grades@uoguelph.ca

Student's Name: _____
(surname) (first name)

Student's I.D. Number: _____

Student's Program: _____

Course Number & Section: _____ (e.g., PSYC*6010*01)

Course Title: _____

Semester Course Taken: _____
(example: F21)

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 below)

Instructor's Signature: _____ Date: _____

Chair's Signature: _____ Date: _____