



MAILING ADDRESS: P.O. BOX 2503, NEW WESTMINSTER, B.C. V3L 5B2

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_  
(Surname) (Given Names)

COURSE NAME: \_\_\_\_\_ COURSE NUMBER \_\_\_\_\_ SECTION NUMBER \_\_\_\_\_

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_ CAMPUS \_\_\_\_\_

EXISTING GRADE \_\_\_\_\_

NEW GRADE \_\_\_\_\_

REASON FOR CHANGE OF GRADE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTOR'S  
SIGNATURE

CHAIRMAN'S/DIRECTOR'S  
SIGNATURE

DATE \_\_\_\_\_

(Note: If you have notified the student, please, indicate below by checking the square and the appropriate means.)

Student Notified \_\_\_\_\_

By Letter \_\_\_\_\_ In Person \_\_\_\_\_ By Telephone \_\_\_\_\_

- Copy 1 - Office of the Registrar
- Copy 2 - Chairman/Director
- Copy 3 - Instructor
- Copy 4 - Student

FOR OFFICE USE ONLY

Date entered on terminal

\_\_\_\_\_

NOTE: Copies 2 and 3 will be returned by the Office of the Registrar **AFTER** grade change as confirmation.