



# EASTERN MEDITERRANEAN UNIVERSITY

## Grade Change Form

Student No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						<b>IMPORTANT NOTES:</b> <ul style="list-style-type: none"> <li>Forms without approvals will not be taken into consideration by the Registrar's Office, and will be returned to the Instructor's Department.</li> <li>Graduation Make-up Exam result should not be indicated on this form.</li> </ul>
	Student's Name & Surname						
Student's Department							

Course Title														
Course Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					Group No	<input type="text"/> <input type="text"/>		Reference Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

Instructor's Department						
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Old Grade <i>Put a cross mark "X"</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	A	A -	B +	B	B -	C +	C	C -	D +	D	D -	F	NG	S	U	I		
New Grade <i>Put a cross mark "X"</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Academic Year							Semester / Session								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fall	<input type="text"/>	Spring	<input type="text"/>	Summer

<b>Type of Change</b> <i>Check one of the following by putting a cross mark "X".</i>	
<input type="checkbox"/>	Change of Grade "I-Incomplete" (Approvals of the Department Chair, Dean/Director and Registrar are not required.)
<input type="checkbox"/>	Change of Grade Other Than "I" (All Approvals are required.)

<b>Reason for Change</b> <i>Required for the last choice given above. Attach a report, if any.</i>	

Instructor Title and Name		Signature		Date	Day	Month	Year
					<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>APPROVALS</b> <i>No need for the Departmental Board meeting if the Department Chair has been given the approval authority by the Board.</i>							
Board Meeting Date		Meeting & Decision Number		Evaluation Result <i>Put a cross mark "X"</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
Department Chair Title and Name		Signature		Date			
Dean / Director Title and Name		Signature		Date			
Registrar Title and Name		Signature		Date			

One approved copy of this form should be sent to:

- the Dean's/Director's Office
- the Student's Department
- the Instructor's Department (if different)

by the Registrar's Office.