

Official Grade Change Form

The personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended, the Ontario Ministry of Training, Colleges and Universities Act, and the Federal Statistics Act. The information collected will form part of your student record at Queen's. It will be shared with the faculty, school or department and reported to Statistics Canada and the Ministry of Training, Colleges and Universities. In addition to these external reporting requirements, the information will be used for updating your academic record, for determining fee assessment, internal statistical analysis, and for communicating with you.

Instructions:

1. Fill out each of the entry fields and print the form;
2. Obtain the required signatures in 'Authorization' section (i.e. your Faculty Office);
3. Return completed form to:

Office of the University Registrar (Records and Services),
Queen's University
Room 125, Gordon Hall
Kingston, ON K7L 3N6
Fax: (613) 533-2068
Email: solus@queensu.ca

GENERAL INFORMATION REQUIRED

Surname:	<input type="text"/>	Given Names:	<input type="text"/>		
Student Number:	<input type="text"/>	Faculty / School:	<input type="text"/>		
Department:	<input type="text"/>	Course #:	<input type="text"/>	Term Code:	<input type="text"/>
Instructor:	<input type="text"/>				

GRADE CHANGE REPORT (to be completed by the Instructor)

CURRENT GRADE:	<input type="text"/>	NEW GRADE:	<input type="text"/>
REASON FOR CHANGE (Please check one):			
<input type="radio"/> Calculation Error	<input type="radio"/> Coursework completed on:	Date:	<input type="text"/>
<input type="radio"/> Coursework reassessed	<input type="radio"/> Wrote deferred exam on:	Date:	<input type="text"/>
<input type="radio"/> Other (please explain):	<input type="text"/>		

AUTHORIZATION (must have at least ONE signature)

Signature of Instructor (all Faculties)	_____	_____	Date
Signature of Dept. Head (Arts and Science only)	_____	_____	Date
Faculty Office (all Faculties <u>except</u> SGS, HSC)	_____	_____	Date

FOR OFFICE USE ONLY:

Processed in OUR: _____
Initials _____ Date _____

Eff: Sep. 2017