



Grade Change Request

(See Article 6.2 of the Graduate School Policy Handbook for guidelines)

This form is submitted to the Graduate School, Room N204

| Student Name: | BCM ID #: | BCM ID #: | | | |
|-------------------|--------------------------|-----------|------|-----|--|
| Graduate Program: | Are you in the MD/PhD Pr | ogram? | □Yes | □No | |

<u>CURRENT POLICY REGARDING GRADE CHANGES</u>: Grade changes for other than numerical error are discouraged. If an exam is reevaluated, all students' answers to the affected sections of the exam are subject to review. Grade alterations affecting one student only, must be justified on the basis of a mathematical or related error. Requests to change grades must be submitted in writing by the course instructor, with the approval of the program director, to the Promotions Committee within 2 terms of the recording the original grade. The request must specifically state the reason for the change.

THIS SECTION MUST BE COMPLETED BY THE COURSE DIRECTOR

| SECTION A - FOR THE RESOLUTION OF GRADES OF (I) INCOMPLETE | | | | | | | |
|--|-------|------------------|---|------------------|--|--|--|
| Course Number: | | Course Title: | | | | | |
| Term: | Year: | Course Director: | | | | | |
| Details of why was an incomplete given: | | | Details of how the incomplete was resolved/completed: | New Final Grade: | | | |

| SECTION B – FOR A CHANGE TO A PREVIOUSLY POSTED FINAL GRADE | | | | | |
|--|-------|--------------------|-----------------------|--|--|
| Course Nun | nber: | Course Title: | | | |
| Term: | Year: | Course Director: | | | |
| Details of why a grade change is being requested, including justification: | | Original Grade of: | | | |
| | | | should be changed to: | | |

Required Approvals

| Course Director: | | |
|----------------------------|-----------|------|
| | Signature | Date |
| Graduate Program Director: | | |
| | Signature | Date |

ALL GRADE CHANGES MUST BE APPROVED BY THE GSBS PROMOTIONS COMMITTEE

Promotions Committee Chair: