



UNIVERSITY
OF THE BAHAMAS

GRADE CHANGE FORM

The **GRADE CHANGE FORM** must be completed by the course instructor and submitted to the relevant Academic Dean/Executive Director through the Unit Head of the Academic Unit responsible for the course. **Grade corrections must be processed within one year of the end of the semester/session in which the original grade was awarded.**

Last Name: _____ First Name: _____
Please Print

ID #: _____ UB E-mail Address: _____

Programme: _____ Major: _____

Home Phone: _____ Cell Phone: _____

Course Title: _____

Course Abbreviation/Number: _____ Course Section: _____

Number of Credits: _____ Semester/Session Taken: _____ Year Taken: _____

Course Fulfills (check one): ☐ Major Area ☐ Minor Area ☐ General Education ☐ Elective

Grade is to be Changed From: _____ To: _____

Reason for Change (check one):

- ☐ Completion of Assignments to fulfill Incomplete Contract (Copy of Incomplete Contract Form attached).
☐ Completion of Extraordinary Sitting of Final Examination (Copy of Request for Extraordinary Sitting of Final Examination Form attached).
☐ Clerical Error.
☐ Other (Specify): _____

Name/Signature of Course Instructor Date

Name/Signature of Academic Unit Head Date

Name/Signature of Academic Dean Date

FOR RECORDS DEPARTMENT USE ONLY

Date Received: _____ Date Processed: _____

Signature, Records Assistant: _____ Date: _____

Signature, Director of Records: _____ Date: _____