



VANCOUVER ISLAND
UNIVERSITY

Vancouver Island University

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STUDENT GRADE CHANGE FORM

Student Name:	Student ID #:
Course:	Section:
Change grade from:	Change grade to:

Instructor's Name (*print*) **Signature** **Date**

Dean's Name (*print*) **Signature** **Date**
(required for any grade change submitted after one year from the end date of the course)

FOR OFFICE USE ONLY	
Date New Grade Entered by Records:	Entered By:
Copies to: <input type="checkbox"/> Instructor (yellow) <input type="checkbox"/> Records Dept (white) <input type="checkbox"/> Dean (if signature required)	