

Grade Change Form
Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registration@msvu.ca

Student Name		Mount Student ID	
Academic Term/Year	Course Number/Sect	ion	Unit Value
Original Grade		New Grade	
Faculty submitting grade changes oth grade and obtain the Chair's approva		DEF, INC and IP must provide	e a rationale for changing the
Faculty Name (Please Print)			
Faculty Signature		Date	
Chair's Approval		Date	
REGISTRAR'S OFFICE USE ONLY			
On Colleague		Recorded in Grade Books	