

## Registrar's Office

## Grade Change Petition/Retroactive Change Petition

Department to complete top half of form, obtain signature of Instructor of Record, and submit to the Registrar's Office.

**PETITION FOR: GRADE CHANGE**

RETROACTIVE CHANGE	Add	Drop	# of Units	Quarter	Year
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Medical Student Name \_\_\_\_\_ Student # \_\_\_\_\_ Class of \_\_\_\_\_

Course, Number \_\_\_\_\_ CRN \_\_\_\_\_ Units \_\_\_\_\_ Quarter & Year Taken \_\_\_\_\_

Instructor of Record \_\_\_\_\_ Original Grade Assigned \_\_\_\_\_

Date Remedial Work \_\_\_\_\_ Completed Grade Petitioned \_\_\_\_\_

Reason for Change

Instructor of Record	Signature	Date	Recommended	Yes No
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**PETITIONER TO MAKE NO ENTRIES BELOW**

Action/Signature Taken by School of Medicine Official

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Submit to Committee for Rules, Jurisdiction, and Organization with the following documentation:

- 1) Written Recommendation  
Instructor of Record
- 2) Written Recommendation  
Student Advisor
- 3) Medical Certification  
*If applicable*
- 4) Copy of transcript and/or written notation from Registrar's Office
- 5) Auxiliary data submitted by student
- 6) Other (specify) \_\_\_\_\_

Action taken by Committee for Rules, Jurisdiction and Organization – School of Medicine

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Committee for Rules, Jurisdiction and Organization -

Date of Meeting \_\_\_\_\_

Signature, Chair \_\_\_\_\_

Signature, Chair \_\_\_\_\_  
Faculty Executive Committee

FOR UCD OFFICE OF THE UNIVERSITY REGISTRAR USE ONLY

Date Keyed \_\_\_\_\_

Date Notified \_\_\_\_\_

Processed by \_\_\_\_\_ Ext. \_\_\_\_\_

Comments \_\_\_\_\_

RETURN ALL COPIES TO SCHOOL OF MEDICINE REGISTRAR'S OFFICE WHEN COMPLETED