

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**

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
----------------------	-----------	------	-------------	-----------

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