

University of California, Davis
 School of Medicine, Registrar's Office

**Grade Change Petition
 Retroactive Change Petition**

4610 X Street, Suite 1208, Sacramento CA 95817-2200 / Phone: (916) 734-4990 / Fax: (916) 734-2178

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

PETITION FOR: **GRADE CHANGE**

RETROACTIVE CHANGE *Circle item(s) to be changed* **Add / Drop / # of Units / Course # / 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

Student Signature (optional) _____ Date _____

Instructor of Record	Signature _____	Date _____	Recommended	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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 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) _____

Grade Change /Retroactive Change Petition

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 Comm _____

FOR UCD OFFICE OF UNIVERSITY REGISTRAR USE ONLY

Date Keyed: _____

Date Notified: _____

Processed by: _____ Ext: _____

Comments: _____

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