



GRADE CHANGE FORM

Student Name: _____

Student Olds College ID Number: _____

CRN #: _____ (i.e.: 40918)

Course Number: _____ / _____ / _____
Acronym (HORT) # (100) Section # (21)

Course Title: _____

<p>Previous Grade: _____</p> <p>Revised Grade: _____</p>
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Reason for the Grade Change:

Instructor's Signature: _____ / _____
Print name

Dean's Signature: _____ / _____
(Instructor's Dean not the student's) Print Name

Date: _____
Day / Month / Year

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Public inquiries regarding the collection, use and disclosure of personal information provided on this form should be directed to the FOIP Co-ordinator/Manager of Client Services/Registrar of Olds College at 4500 – 50 Street, Olds, AB, T4H 1R6.

