



PETITION FOR GRADE CHANGE

Please fill out and return to Registrar

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Last Name First Name Middle Name Phone Number

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Address: # & street, apt # City State Zip Code

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Email Address

Course Title: _____ **Circle One:** Pre-Paper Post-Paper

Intensive: _____ **Instructor:** _____
Month/Date/Year

CHANGE OF GRADE: COMPLETED BY INSTRUCTOR

Grade Changed from: _____ Grade Changed To: _____ Date: _____

Instructors Signature

Ubiquity University Authorization

Student Signature: _____ Date: _____

Wisdom School of Graduate Studies, UBIQUITY UNIVERSITY OFFICE USE ONLY

Registrar Signature: _____	Date: _____	Grade Entered: _____
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