



CHANGE OF MARK FORM

To be used for official record changes to a student's mark

Student Name	Student Number	Date

Course Title <i>i.e. Intro to Psychology</i>	Subject <i>i.e. PSYC</i>	Course No. <i>i.e. 1100</i>	Section <i>i.e. FA</i>	Year & Term <i>i.e. 2015F</i>

<p>Mark was recorded as _____</p> <p>Mark should now be recorded as _____</p>

Reason for Change	<input type="checkbox"/> Incomplete Cleared	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Mark Reassessed	<input type="checkbox"/> Special Examination (Check only if the special examination was formally arranged through the Scheduling Office)
	<input type="checkbox"/> Academic Integrity	

Appropriate Signatures are Required Prior to Submission			
Instructor Name (Print)	Instructor Signature	Department	Date
Chair / Director (Print)	Chair / Director Signature	Department	Date
Dean (Print)*	Dean Signature	Faculty	Date

* Dean's signature only required in cases where Instructor and Chair are the same person, the mark change is substantial in value, or the mark change is not from the current academic term.

For Office Use Only				
Comments	Coded By	Date Coded	IS JI PJ	File Term