



Indian Institute of Technology Kanpur

**CONFIDENTIAL**

## Request for Change of Grade

Academic Session: \_\_\_\_\_ Semester: First/ Second/ Summer Term

Name of Student: \_\_\_\_\_ Roll No. \_\_\_\_\_

Course Number \_\_\_\_\_ Course Title: \_\_\_\_\_

Original Grade: \_\_\_\_\_ Proposed Corrected Grade: \_\_\_\_\_

Reason(s) for change of Grade: \_\_\_\_\_

**(Please attach Xerox copies of relevant documents)**

Name of the Instructor In-charge	Name of the DUGC/ DPGC Convener
Prof. _____	Prof. _____

Signature of the <b>Instructor In-charge</b>	Signature of the <b>DUGC/ DPGC Convener</b>
Dated: _____ / _____ 20_____	Dated: _____ / _____ 20_____

Signature of the <b>Chairperson, SUGC/ SPGC</b>	Signature of the <b>DEAN, Academic Affairs</b>
Dated: _____ / _____ 20_____	Dated: _____ / _____ 20_____

**APPROVED/ NOT APPROVED**

**CHAIRMAN, SENATE**

Dated: \_\_\_\_\_ / \_\_\_\_\_ 20\_\_\_\_\_

- Note:
1. Request for change of grade be made positively within six weeks of the start of next semester.
  2. No information about the recommendation of the change of grade be given to the concerned student.