

Send completed form to [graduate.sas@ubc.ca](mailto:graduate.sas@ubc.ca)



# THE UNIVERSITY OF BRITISH COLUMBIA

Date: \_\_\_\_\_

## CHANGE TO ACADEMIC RECORD

### STUDENT INFORMATION:

Name	Student No.	Program	Grade	Grade to	Standing	Standing to
------	-------------	---------	-------	----------	----------	-------------

### COURSE CHANGE INFORMATION

Academic Year	Session (W/S)	Subject Code	Course Number	Section	# of Credits
---------------	---------------	--------------	---------------	---------	--------------

Please provide specific reasons for change (required):

### Required Authorization:

1. Instructor Signature \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Department \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_
2. Student's Graduate Advisor (or Head) \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Department \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

### Approval of Faculty of Graduate Studies:

3. Signature \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Send completed form to [graduate.sas@ubc.ca](mailto:graduate.sas@ubc.ca)