

**UNIVERSITY OF WINNIPEG
GRADUATE STUDIES
FINAL GRADE REGISTER
(CHANGE OF GRADE FORM)**

TERM _____

INCOMPLETE/DEFERRED

**GRADE CHANGE
(provide rationale)**

**CHALLENGE (PLAR)
(PASS/FAIL ONLY)**

GRADE APPEAL CHANGE

LATE GRADE SUBMISSION

DATE _____

STUDENT NUMBER _____

NAME _____

COURSE NUMBER _____ SEC. NO. _____

COURSE TITLE _____

INSTRUCTOR _____

PREVIOUS GRADE _____

NEW GRADE _____

COMMENTS/RATIONALE _____

SIGNATURES: INSTRUCTOR _____

PROGRAM CHAIR OR DESIGNATE _____

DEAN OF GRADUATE STUDIES _____

Once all **three signatures** are in place, please return to Graduate Studies, Student Services.