



INDIAN INSTITUTE OF TECHNOLOGY, KANPUR
ACADEMIC SECTION : UNDERGRADUTE OFFICE

Confidential

Request for Change of Grade

Academic Session _____ Semester: First / Second / Summer Term

Course Number _____ Course Title _____

Name of Student _____ Roll No. _____

Original Grade _____ **Proposed corrected Grade** _____

Reasons for change : _____

(Please attach photocopies of relevant documents)

Name of the Instructor-in-charge:

Dr. _____

Name of DUGC, Convener

Dr. _____

Signature of **Instructor-in-charge**

Signature of **Convener, DUGC**

Dated _____

Dated _____

Signature of **Chairman, SUGC**

Signature of **Dean, Academic Affairs**

Dated _____

Dated _____

Approved / Not approved

Signature of **Chairman, Senate**

Dated _____

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