

Grade Change Request

(See Article 6.2 of the Graduate School Policy Handbook for guidelines)

Submit to Graduate School N204



THE GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF
MEDICINE

Student Name: _____ BCM ID #: _____

Graduate Program: _____ (Are you also in the MD/PhD Program? Yes No)

CURRENT POLICY REGARDING GRADE CHANGES: *Grade changes for other than numerical error are discouraged. If an exam is re-evaluated, all students' answers to the affected sections of the exam are subject to review. Grade alterations affecting one student only, must be justified on the basis of a mathematical or related error. Requests to change grades must be submitted in writing by the course instructor, with the approval of the program director, to the Promotions Committee within 2 terms of the recording the original grade. The request must specifically state the reason for the change.*

MUST BE COMPLETED BY THE COURSE INSTRUCTOR

Section A for incomplete grades.

Section B for changes to final grades.

Grading Choices: Pass/Fail for Dissertation, Special Projects, Research Rotation and Practice Teaching.

A, B, C, or F for all other courses. Plus and minus grades (i.e. A+, B-, etc.) are not accepted.

SECTION A INCOMPLETE GRADE COMPLETED	Course Name:	Course #:
In detail, please explain: ⌚ Why was the incomplete given. ⌚ How was the incomplete completed. ⌚ What is the final grade for this student.	Instructor:	Term/Yr:
À Why was an incomplete given? _____ _____ _____	⌚ How was the incomplete completed? _____ _____ _____	⌚ The inc. should be changed to _____

SECTION B CHANGE TO A FINAL GRADE	Course Name:	Course #:
In detail, please explain: ⌚ Why you are requesting the grade change. ⌚ What is the final grade for this student.	Instructor:	Term/Yr:
⌚ Why is the grade change being requested? Please include justification. _____ _____ _____ _____		⌚ The original grade of _____ should be changed to _____

ALL GRADE CHANGES MUST BE APPROVED BY THE GSBS PROMOTIONS COMMITTEE

Required Approvals

Course Instructor: _____
Signature Date

Program Director: _____
Signature Date