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THE UNIVERSITY OF BRITISH COLUMBIA

Date: _____

CHANGE TO ACADEMIC RECORD

STUDENT INFORMATION:

Last Name	Preferred Name	Student No.	Program	Current Grade	Change Grade to	Current Standing	Change Standing to
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COURSE CHANGE INFORMATION

Academic Year	Session (W/S)	Subject Code	Course Number	Section	# of Credits
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Please provide specific reasons for change (required):

Required Authorization:

_____ Instructor Signature	_____ Name (Please Print)	_____ Department	_____ Date (yyyy/mm/dd)
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AND

_____ Head of Department Signature	_____ Name (Please Print)	_____ Department	_____ Date (yyyy/mm/dd)
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OR

_____ Dean, Director or Designate Signature (of Faculty offering course)	_____ Name (Please Print)	_____ Faculty	_____ Date (yyyy/mm/dd)
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_____ Dean, Director or Designate Signature (of student's Faculty, if different from above)	_____ Name (Please Print)	_____ Faculty	_____ Date (yyyy/mm/dd)
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Approval of the College of Graduate Studies:

_____ Signature	_____ Name (Please Print)	_____ Date (yyyy/mm/dd)
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