(Separate Sheet)　　　　　　　　　　　　　　　　　　　　　　< For UGSAS subjects>

　　Date:

Request for Grade Confirmation

To Dean of the UGSAS

Course: 　　　　　　 Division:

Student Number:

Name:

Contact Information (mobile phone, etc.)

I hereby request that my grade for the following subject offered in the　　　term in YYYY be confirmed.

Subject :　　 　　　　　　　　　　　　Name of instructor:

Specific reasons for request:

(For UGSAS)

|  |  |
| --- | --- |
| Date of receipt  | / |
| Date of referral | / |

 （Decision by the person in charge）

 The above request is □ accepted

* not accepted.

 Reason

 Associate Dean of the UGSAS, Date:

Instructor’s Decision

Date:

Name:

1. The initial grade remains unchanged.

2. I will alter the grade.

3. Other

(For UGSAS)

|  |  |
| --- | --- |
| Date of confirmation by the person in charge | / |
| Date of Receipt  | / |

Reasons for the decision (Separate sheets can be attached)