**MEng CHANGE TO ACADEMIC RECORD REQUEST**

***STUDENT INFORMATION:***

|  |  |  |
| --- | --- | --- |
| **GIVEN NAME(S):** | **LAST NAME:** | **STUDENT NUMBER:** |

***COURSE CHANGE INFORMATION:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Session**  | **Term** | **Course Name & Number**  | **Section** | **Credits** | **Course Instructor Approval**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Change grade from:** **to:**

**Change standing (i.e. F/P/H/S/SD/T) from:** **to:**

|  |
| --- |
| **Reason for change:** |

**AUTHORIZATION – THREE (3) SIGNATURES REQUIRED:**

**Instructor Signature:**

Name Signature Department Date (yyyy/mm/dd)

**AND**

**Head of Department Signature:**

Name Signature Department Date (yyyy/mm/dd)

*OR*

**Dean/Director/Designate Signature:**

*(of faculty offering course)*

Name Signature Department Date (yyyy/mm/dd)

**AND**

**Dean/Director/Designate Signature:**

*(of student’s Faculty, if different from above)*

Name Signature Department Date (yyyy/mm/dd)