|  |  |
| --- | --- |
|  | **Hkkjrh; izkS|ksfxdh laLFkku dkuiqj** |
| **INDIAN INSTITUTE OF TECHNOLOGY KANPUR** |
| **dk;kZy;] vkmVjhp xfrfof/k;kWa (bZ**&**LukrdksRrj)** |
| **OFFICE OF OUTREACH ACTIVITIES (eMasters)** |

 **CONFIDENTIAL**

 **Request for Change of Grade**

Academic Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quarter: First/Second/Third/Fourth

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Module Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Module Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Corrected Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons for change of Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please attach xerox copies of relevant documents)

|  |  |
| --- | --- |
| Name of the Instructor In-chargeProf. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of the DOPC ConvenerProf.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of the **Instructor In-charge**Dated: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ | Signature of the **DOPC Convener**Dated:\_\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ |
| Signature of the **Chairperson, SOPC**Dated: \_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_ | Signature of the **DEAN, Academic Affairs**Dated: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ |

 **APPROVED/ NOT APPROVED**

 **CHAIRMAN, SENATE**

 Dated: \_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_

Note: 1. Request for change of grade be made positively within four weeks of the start of the next quarter.

 2.No information about the recommendation of the change in grade be given to the concerned student.