GİRNE AMERICAN UNIVERSITY

GRADE CHANGE FORM   *03*

Student Name & Surname: _____	**Board Decision No:** _____

Student No: _____	**Department:** _____		
Course Code: _____	**Academic Semester: 20___/ 20___ _____**	**Old Grade:** _____	**New Grade:** _____

Course Title: _____

Reason For Change: _____	**Signature/Approval**	**Date**
Lecturer's Name: _____	_____	___ /___/20_____
Head of Department's Name: _____	_____	___ /___/20_____
Registrar's Name: _____	_____	___ /___/20_____

*ATTENTION: All Fields of This form must be filled out completely and carefully. **Keep confidential.**

ZerinGÜRLER
Director of Admission and Registration

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