

# TORONTO SCHOOL OF THEOLOGY



## CHANGE OF GRADE FORM

### STUDENT INFORMATION

SURNAME	
GIVEN NAMES	

STUDENT NUMBER																				
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

COLLEGE OF REGISTRATION:	<input type="checkbox"/> EM	<input type="checkbox"/> TR	<input type="checkbox"/> SMC	<input type="checkbox"/> RG	<input type="checkbox"/> SA	<input type="checkbox"/> KN	<input type="checkbox"/> WY
--------------------------	-----------------------------	-----------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

### COURSE INFORMATION

COURSE NUMBER	
COURSE TITLE	
SESSION OFFERED (20095, 20099, 20101, ETC.)	
PROFESSOR'S NAME	
FORMER GRADE	
TO BE CHANGED TO (PERCENTAGE & LETTER GRADE)	
PROFESSOR'S SIGNATURE	
DEAN'S AUTHORIZATION	
DATE ENTERED ON ROSI BY STUDENT SERVICES OFFICER	

PLEASE SUBMIT FORM TO DEAN'S OFFICE  
FACULTY OF THEOLOGY