



UNIVERSITY OF NORTH CAROLINA WILMINGTON

REPORT OF CONVERSION OF GRADE

Student Name: Last First Middle Student ID#
Course: Department Course No. Section No. Term: Spring Summer I Summer II Fall Year

1. Request change from to

2. Justification: Computational or copying error
Re-evaluation
Method:
Were other students in the class accorded an equal opportunity to be re-evaluated? Yes No
If not, can the re-evaluation method be construed as biased or favorable treatment? Yes No
Other (explain)

3. Has this change been discussed with the student? Yes No

Approved:

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_
Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_
Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the Registrar
I certify that the above grade change has been recorded on the student's record.
Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the original form to the Registrar's Office.
An additional copy should be retained by the Instructor.

REG 36A (08/03)