

Registrar's Office

**I/Y Grade Change Request**

Department or curriculum personnel to complete "Petition For," "Reason for Change" sections, and obtain signature from IOR. Once completed and signed, email to [hs-studentrecords@ucdavis.edu](mailto:hs-studentrecords@ucdavis.edu). Incomplete forms will be returned to submitter.

**PETITION FOR (one form required per reason):**

**SUBMIT FINAL GRADE FROM PREVIOUS "I"**

**SUBMIT FINAL GRADE FROM PREVIOUS "Y"**

**OTHER:** \_\_\_\_\_

(All other grade changes should be submitted through [Oasis](#).  
Email [hs-studentrecords@ucdavis.edu](mailto:hs-studentrecords@ucdavis.edu) if you need access.)

Student Full Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Class of \_\_\_\_\_

Course & Number (e.g. MDS 479) \_\_\_\_\_ CRN \_\_\_\_\_ Units \_\_\_\_\_

Quarter & Year Completed \_\_\_\_\_

Original Grade Assigned \_\_\_\_\_ Completed Grade Petitioned \_\_\_\_\_

Instructor of Record Name \_\_\_\_\_

Request Initiated by \_\_\_\_\_ Date \_\_\_\_\_

**REASON FOR CHANGE:**

Student completed remainder of Incomplete course (["I" grade agreement](#))

Student remediated Y grade

Other (required if checked): \_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURES:**

Instructor of Record \_\_\_\_\_ Date \_\_\_\_\_

Once completed, route form to the SOM Registrar's Office ([hs-studentrecords@ucdavis.edu](mailto:hs-studentrecords@ucdavis.edu)) for processing.

Review and approval by SOM Registrar Office personnel (process and file in student record once signed):

School of Medicine Official \_\_\_\_\_ Date \_\_\_\_\_