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Office of the Registrar

CHANGE OF GRADE FORM

Student Name: _____ ID# _____

has a change of grade in Course (title): _____

Course Abbr & Number _____ Course ID# _____

for the Fall/ Spring/ Summer (Circle one) _____ (year).

The previous grade is _____ **The new grade is** _____

Reasons for changing the grade: _____

Date Professor, Name and Signature

Date Head of the Department, Name and Signature

To be returned to the Registrar by Professor