

Change of Grade Form

Boston Graduate School of Psychoanalysis

• 1581 Beacon Street • Brookline, Massachusetts 02446 •
• Phone: (617) 277-3915 • Fax: (617) 277-0312 •

_____ has satisfactorily completed the
(Name of Student)
requirements for _____
(Course Name and Course Number)
taken in _____
(Semester/Year)

If this form is being submitted after the change of grade deadline (one semester for PT/CP courses, one academic year for PC courses), please provide an explanation of the circumstances surrounding the change of grade arrangement.

Please change the student's grade to (choose one):

_____ High Pass

_____ Pass

_____ Low Pass

_____ No Credit

_____ No Grade

_____ In Progress

_____ Incomplete

Print Instructor's Name

Instructor's Signature

Date

**Deadlines to change grades
(with permission of instructor):**
Counseling and Psychoanalytic Programs:
1 semester
Culture Programs:
1 academic year

Office Use Only

Returned to Faculty (why) _____ Date Entered _____ Initials _____