

# Change of Grade Form

Boston Graduate School of Psychoanalysis

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• 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 (30 days from last class meeting), 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

Deadlines to change grades  
(with permission of instructor):  
**All Programs:**  
30 Days from Last Class Meeting

\_\_\_\_\_  
Print Instructor's Name

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

### Office Use Only

Returned to Faculty (why) \_\_\_\_\_ Date Entered \_\_\_\_\_ Initials \_\_\_\_\_