I/Y Grade Change Request

Department or curriculum personnel to complete "Petition For," "Reason for Change" sections, and sign form once CSP has approved the grade change. Once completed and signed, email to hs-studentrecords@ucdavis.edu. Incomplete forms will not be accepted.

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 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 _____   CSP Approval Date _____

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:

Curriculum Manager _____   Date _____

Once completed, route form to the SOM Registrar's Office (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 _____

Updated 02/18/25