



भारतीय प्रौद्योगिकी संस्थान कानपुर
INDIAN INSTITUTE OF TECHNOLOGY KANPUR
कार्यालय, आउटरीच गतिविधियाँ (ई-स्नातकोत्तर)
OFFICE OF OUTREACH ACTIVITIES (eMasters)

CONFIDENTIAL

Request for Change of Grade

Academic Session: _____ Quarter: First/Second/Third/Fourth

Name of Student: _____ Roll No. _____

Module Number _____ Module Title: _____

Original Grade: _____ Proposed Corrected Grade: _____

Reasons for change of Grade: _____

(Please attach xerox copies of relevant documents)

Name of the Instructor In-charge
Prof. _____

Name of the DOPC Convener
Prof. _____

Signature of the **Instructor In-charge**
Dated: ____/____/20____

Signature of the **DOPC Convener**
Dated: ____/____/20____

Signature of the **Chairperson, SOPC**
Dated: ____/____/20____

Signature of the **Professor In-charge, OOA**
Dated: ____/____/20____

APPROVED/ NOT APPROVED

CHAIRMAN, SENATE

Dated: ____/____/20____

- Note:
1. Request for change of grade be made positively within four weeks of the start of the next quarter.
 2. No information about the recommendation of the change in grade be given to the concerned student.