



Idaho College of Osteopathic Medicine
PETITION FOR A GRADE CHANGE

Student Name: _____ **Student ID:** _____

Course code for which you are petitioning a grade change: _____

Course Name: _____

Semester/Year: _____ **Issued Grade:** _____

*Please include details below on why you are petitioning for a grade change. You **must attach additional documentation to this form** to support your petition request (this includes Petition for Grade Change, additional documentation to support the change, and the Grade Change Form). This will provide the Academic team with the necessary information to make an informed decision. You may also attach a more detailed statement, if additional room is needed:*

Student Signature: _____ **Date:** _____

Petition Reviewed By: _____ **Date:** _____

Grade Change Has Been: Approved; Grade Change Form accompanies documentation *

Denied; Reason: _____

*All supporting documentation in consideration of a grade change must accompany this form. This includes Petition for Grade Change, additional documentation to support the change, and the Grade Change Form

Petition Approved By: _____ **Date:** _____

To submit, please save this document and attach it in an email to: aahmadian@idahocom.org

For Office Use Only:

Date Received: _____

Signature of Registrar: _____