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 | **IMPORTANT NOTES:*** *Forms without approvals will not be taken into consideration by the Registrar's Office, and will be returned to the Instructor's Department.*
 |
| Student's Name  |  |
| Department |  |

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| Course Title |  |
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| Instructor's Department |  |

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| Old Grade *(Put a Cross Mark* ‘X’*)* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | **I** | **SS** | **SU** | **TP** | **TU** | **TS** | **TI** | **TR** | **TJ** | **PI** | **PP** | **PU** | **PS** |
| New Grade *(Put a Cross Mark* ‘X’*)* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| Academic Year | Semester/Session |
| 20y y y y - 20y y y y | [ ] Fall | [ ] Spring | [ ] Summer |
| **Reason for Change** *Attach a report, if any.* |
|  |
| InstructorTitle and Name |  | Signature |  | Date |  |

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| **Approvals***No need for the Departmental Board meeting if the Department Chair has been given the approval authority by the Board.* |
| Board Meeting Date |  | Meeting & Decision Number |  | Evaluation Result*(Put a cross mark* ‘X’*)* | [ ] Approved | [ ] Not Approved |
| Department ChairTitle and Name |  | Signature |  | Date |  |
| IGSR DirectorTitle and Name | Prof. Dr. Ali Hakan Ulusoy | Signature |  | Date |  |
| RegistrarTitle and Name |  | Signature |  | Date |  |

*One approved copy of this form should be sent to:*

* *The Dean's/Director's Office*
* *The instructor’s Department (If different by the registrar’s office)*
* *The Student's Department*