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| Student No. | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | **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 |  | | | | |
| Course Code | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | Group No. | |  |  | | --- | --- | |  |  | | Reference Code | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |
| 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.* | | | | | | | | |
|  | | | | | | | | |
| Instructor  Title 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 Chair  Title and Name |  | | Signature |  | Date |  | |
| IGSR Director  Title and Name | Prof. Dr. Ali Hakan Ulusoy | | Signature |  | Date |  | |
| Registrar  Title 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*