



# OLD DOMINION UNIVERSITY

The Graduate School

## Request for GPA Adjustment Following Change of Program G7

Student's Name: \_\_\_\_\_ UIN#: \_\_\_\_\_

College: \_\_\_\_\_ Degree and Program: \_\_\_\_\_

The student listed above has had an approved change of program and meets the criteria to request an adjustment to his/her GPA for grades earned in the previous program. The student understands that all grades earned in the original program remain on the official transcript, but only grades of B or higher will be used to compute the GPA for the new program. Please exclude the following courses from the student's GPA:

Course Name and Number	Semester and Year

\_\_\_\_\_  
Graduate Program Director (Print)      Graduate Program Director (Sign)      Date

\_\_\_\_\_  
Department Chair (Print)      Department Chair (Sign)      Date

\_\_\_\_\_  
College Dean or Designee (Print)      College Dean or Designee (Sign)      Date

\_\_\_\_\_  
Vice Provost & Dean, The Graduate School (Print)      Vice Provost & Dean, The Graduate School (Sign)      Date