Change of Grade Form

Please print clearly.

Instructor’s Name: ____________________________________________

I am requesting a change of grade for:

_______________________________, ________________________,
(Student’s Name) (Student’s ID #)

from ____ to ____ in ___________________________________ taken during
Course ID Section

the __________________________. Term/Year

Reason for change:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Instructor’s Signature: ____________________________ Date: ___/___/_______

THE APPROVAL OF THE ACADEMIC DEAN IS REQUIRED FOR ALL GRADE CHANGES

Dean’s Signature: ____________________________ Date: ___/___/_______

Please return the completed form with both signatures to the Enrollment Services Office.

Note the following policy: Any grade change must be finalized with the Registrar no later than one hundred twenty calendar days following the last day of the academic term in which the original grade was posted.

Office Use Only: Date Received: ____________ Entered by: ____________ Date: ____________