Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
202.884.9530 fax: 202.884.9524

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: _____