



**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  
Dept. Course # 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: \_\_\_\_\_