

## GRADE CHANGE FORM

Date: \_\_\_\_\_ Term: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Course Information: CRN: \_\_\_\_\_ Subject/Course #/Section: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Grade changes (other than DE or IN) require dean's approval.**

Grade Reported: \_\_\_\_\_ Change to (select one):

A

C

W

A-

C-

S

B+

D+

U

B

D

IN

B-

D-

DE

C+

F

P

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for change (letter grade only):  
\_\_\_\_\_  
\_\_\_\_\_

***To be completed by Registrar's Office***

Processed by: \_\_\_\_\_ Date processed: \_\_\_\_\_

Distribution: Registrar, Instructor