

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