

UNIVERSITY OF INDIANAPOLIS

OFFICE OF THE REGISTRAR

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