

Change of Grade

(Please Type or Print)

Student's Name Student ID Number Student's College

Course Prefix/Number Credit Hours Semester and Year Course Taken

Original Grade in Course _____ Changed to _____

Reason for Change _____

Instructor's Signature _____ Date _____

APPROVAL: Instructor's Dept Head _____ Date _____

Instructor's Dean (if older than 1 year) _____ Date _____

Registrar's Office _____ Date _____