

Change of Grade Form



Student Information (Please print)

First Name _____ Last Name _____ ID #0000 _____

Undergraduate Program _____ Graduate Program _____

Course to be Changed						Grade Changed	
Course ID	Section	Title of Course	Year	Term (SP/SU/FA)	Session A (first 7) Full (15) B (last 7)	From	To

Reason for Grade Change:

Approvals (ALL signatures MUST be obtained before form will be processed by Registrar's Office)

Instructor Signature/Date _____

Program Chair Signature/ Date _____

Dean Signature/Date _____

Registrar's Office _____ Date _____

REG 7/20