

Grade Change REQUEST FORM



Please Print.

Student Name: _____ Student ID: _____

Last name

First name

Middle name

Current Information			Replacement Information		
COURSE NUMBER	COURSE TITLE	Grade	COURSE NUMBER	COURSE TITLE	Grade

Brief Explanation for Grade Change: _____

Instructor: _____ Date: _____
Signature of instructor of record

Approved: _____ Date: _____
Signature of Academic Dean

Completed: _____ Date: _____
Signature of Registrar or designee