

STUDENT'S CHANGE OF GRADE REQUEST

Date _____

Student Name: _____ Student ID # _____

Course Name _____ Course # _____ Term and Year _____

Instructor Name _____

This form cannot be used to change a grade to a "W" and it cannot be used to change a "W" to a grade. This form must be submitted to the Admissions & Records Office by the end of the semester following the one during which the course was taken. See the catalog for detailed information about grade changes.

CHANGE OF GRADE REQUEST: From _____ To _____.

Student's reason for requesting change: _____

Student Signature: _____ Date _____

Instructor's Response (Required): _____

APPROVED DENIED - Instructor initials required _____.

NEW GRADE (if applicable): _____

Instructor Signature: _____ Date _____

Division Chair Signature: _____ Date _____

Send the completed form to the Admissions & Records Office

Admissions and Records Office Use Only

Permanent Record Posted _____

Student Notified _____