

Grade Change Form

Instructors: To change a student's grade, please complete this form and return it to the Registrar's office.

IMPORTANT: To Open and Fill out This Form Correctly, You Must Open and Save This Document in Adobe Reader

STUDENT AND COURSE INFORMATION

Student Name: _____ ID#: _____

Semester: Fall 20____ Winter 20____ Spring 20____ Summer 20____

Course Number: _____

Course Title: _____

Instructor: _____

Credits: _____

GRADE CHANGE

Grade should be changed from _____ to _____

GRADE CHANGE REASON

Please check one:

..... Error

..... Removal of an Incomplete grade

..... Other (Please describe below)

Signature: _____ Date: _____