

TERM: _____

DATE: _____

GRADE CHANGE FORM

Student Name: _____
Last First Middle

PID#: _____

Instructor: _____

Course No/Sec: _____

Grade change FROM: _____ TO: _____

Grade change is due to (check one and/or explain):

- | | |
|---|--|
| <input type="checkbox"/> EE (Entry Error) | <input type="checkbox"/> DL (Degraded Late) |
| <input type="checkbox"/> GA (Grade Appeal) | <input type="checkbox"/> HE (Health Hardship) |
| <input type="checkbox"/> IE (Instructor Error) | <input type="checkbox"/> RC (Re-calculated) |
| <input type="checkbox"/> IC (Incomplete Grade Completed) | |

Other - Explain:

Approvals:

Instructor: _____

Date: _____

Department Chairperson: _____

Date: _____

Dean: _____

Date: _____

Vice President for Instruction: _____

Date: _____

Note: All grade change requests must be accompanied by documentation (new grade calculation sheet) for completion. After all signatures for approval are obtained, the grade change request will be sent to the Office of the Registrar for processing.

Form is available online and must be printed for signatures.

After all signatures are obtained this document may be scanned and submitted via email to the Office of the Registrar for processing.