



# UNIVERSITY OF PIKEVILLE

## KENTUCKY COLLEGE OF OPTOMETRY

### CHANGE OF GRADE FORM

---

Date: \_\_\_\_\_

Semester/Term: \_\_\_\_\_ Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Course Number, Section and Title \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

**Change from:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Student's last date of attendance:** \_\_\_\_\_

Reason for Grade change: \_\_\_\_\_

\_\_\_\_\_

*All Change of Grade forms must be submitted to the Registrar's office with the signatures of the Course Instructor and the Dean of Academic Affairs.*

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Academic Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University Registrar: \_\_\_\_\_ Date: \_\_\_\_\_