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: __________