

Office of the Registrar



Change of Grade

Student Name _____
First Middle Last

Student ID Number Program _____ Current Semester: _____ Year: _____

Semester Fall Spring Summer Year _____

Course Number: _____ Course Name: _____

Grade change from _____ to _____

Reason for Grade Change

Instructors Name: _____ Signature: _____ Date: _____
(mm/dd/year)

Approval

Dean (or designee) _____ Signature: _____ Date: _____ (mm/dd/year)

Registrar's Office

Processed By: _____ Signature: _____ Date: _____

Student Advised: YES Confirmed by: _____ Date: _____

GPC Advised: YES Confirmed by: _____ Date: _____