



Grade Change Form

_____ Date

_____ Student

_____ Student #

_____ Course Code

_____ Semester

_____ Year

_____ Instructor

Reason for Grade Change: _____

Incorrect Grade: _____

Correct Grade: _____

Approval: _____

Instructor

_____ Date

_____ Department Chair

_____ Date

_____ Dean

_____ Date

_____ Associate Provost

_____ Date

Recorded in Registrar's Office by _____

Initials

_____ Date