

1. I am requesting that a change of grade be recorded for:

Student Name: _____
First Middle Last SS# or ID#

for my class: _____
Department Number Course Title Credit Hours

2.

Year: _____ Semester: Fall Interim Spring Summer Pre-Session Summer 1 Summer 2

Grade change: From _____ To _____
Original Grade New Grade

3.

- This grade change request is due to work completed for an "Incomplete" or a "Change of Grade Contract" and a copy of that contract has been filed with the Registrar's Office.
- This grade change is due to the reason(s) listed below. This request will be forwarded to the Vice President of Academic Affairs for approval.

4. The following signatures are required:

1. Instructor's Signature _____ Date _____

2. Vice President for Academic Affairs _____ **Approved** **Denied** _____ Date _____

Sent to Registrar's Office for permanent file: Date _____

Comments:

Return this form to the Registrar's Office