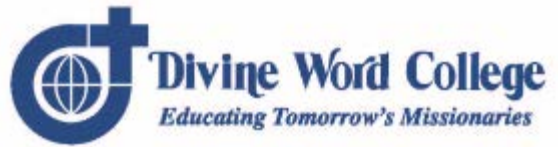


GRADE CHANGE REQUEST

Filed by faculty when a finalized grade needs to be changed



Rev. 6/10/14

Instructor should submit this form to request a grade change.

Student's Full Name: _____

Semester/Year Course Taken: _____

Course Number and Title: _____

Letter grade to be changed: (from) _____ (to) _____

Reason for grade change request:

_____ Data Entry Error

_____ Computational Error

_____ "Incomplete Grade" Requirements Completed.

Catalog Note: Under normal circumstances, the course work must be completed within three weeks after the last day of the exams for that semester. If an extension of time is necessary, the Vice President for Academic Affairs must approve the extension.

_____ Other (please specify):

Instructor Signature: _____
Signature Date

Department Chair: _____
Signature Date

Vice President for Academic Affairs Signature: _____
Signature Date

Registrar: _____
Signature Date