STUDENT’S CHANGE OF GRADE REQUEST

Date____________________

Student Name: __________________________________ Student ID # __________

Course Name _____________________ Ticket #_______ Term and Year___________

Instructor Name ________________________________________________________

This form cannot be used to change a grade to a “W” and it cannot be used to change a “W” to a grade. This form must be submitted to the Admissions & Records Office by the end of the semester following the one during which the course was taken. See the catalog for detailed information about grade changes.

CHANGE OF GRADE REQUEST: From_________ To ________________.

Student’s reason for requesting change: ______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student Signature: _____________________________ Date________

Instructor’s Response (Required): __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

□ APPROVED □ DENIED - Instructor initials required ________.

NEW GRADE (if applicable): ______________

Instructor Signature: _____________________________ Date________

Division Chair Signature: _____________________________ Date_______

Send the completed form to the Admissions & Records Office

Admissions and Records Office Use Only

Permanent Record Posted _______________ Student Notified _______________