

Grade Change

This form is not to be used to change a grade to "W".

Please use the Withdrawal Form. Consult Policy 2-6 Grades Plan for detailed information related to grades and grade changes

Date of Birth: _____

EmplID: _____

_____ Last Name _____ First Name _____ MI _____ Jr.,3rd

Class Information

(Please check this information for accuracy on your class roll)

_____ Class ID Nbr. _____ Subject _____ Class Nbr. _____ Section _____ Campus _____

Semester of enrollment in class:

Fall Term (Aug-Dec) 20____ Spring Term (Jan-May) 20____ Summer Term (May-Jul) 20 ____

Grade: Original _____ Final _____

_____ Instructor's Signature _____ Date _____

_____ School Dean's Signature _____ Date _____

_____ Admissions and Records _____ Date _____

Comments: _____

For Registrar's Office Use Only

Processed by : _____ Date: _____