

Change of Grade

Student Name: _____

ID: _____ Expected Graduation Term and Year _____

Course Number & Title: _____

Year/Term: _____

Previous Grade: _____ Final Grade: _____

Reason: _____

Instructor

Date

Associate Dean

Date

Dean

Date

After the final grade has been recorded and all signatures have been received, forward this form to the Registrar's Office at Box 8425 for processing.

In situations that the Associate Dean is not applicable, only the Dean's signature is required.