



SOUTHWESTERN ADVENTIST UNIVERSITY

Knowledge. Faith. Service.

REQUEST FOR A CHANGE OF A RECORDED GRADE

Student Information:

Name/ID#: _____

Course Information:

Academic Term/Year: _____

Course Prefix/No/Title: _____

Current Grade: _____ New Grade: _____

Please explain the circumstances which make it necessary to request a change in a recorded grade

Signature of the Instructor for the Course

Date: _____

Signature of the VP for Academic Administration

Date: _____

This form must be turned into the Office of the Registrar

For Office Use Only

Date Received: _____

Date Grade Changed: _____

Grade Change Validated by: _____