



## REQUEST FOR A CHANGE OF A RECORDED GRADE

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### Student Information

Name: \_\_\_\_\_ ID # \_\_\_\_\_

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### Course Information

Academic Term and Year \_\_\_\_\_

Course Prefix/No./Title \_\_\_\_\_

Current Grade \_\_\_\_\_ to be changed to \_\_\_\_\_

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

\_\_\_\_\_  
Signature of the Instructor of the Course

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Chair of the Department Offering the Course

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the VP for Academic Administration

Date \_\_\_\_\_

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This form should be turned into the Office of the Registrar.

For Office Use Only

Date Received \_\_\_\_\_

Date Grade Changed \_\_\_\_\_

Grade change validated by \_\_\_\_\_