GRADE CHANGE FORM

Student name: ____________________________________________

Course number: ___________________________ Section: ____________________________

Course title: ____________________________________________

Semester (circle one):  Fall  Spring  Summer  Year: ____________________________

Original grade: ______________

Grade change: ______________

Reason for change: ____________________________________________

________________________________________

Dean of Faculty  Date  ____/____/____

Instructor  Date  ____/____/____

REGISTRAR’S USE ONLY

Date grade change made on permanent record: ____/____/____  Initials: ______________

Student notification sent: ____/____/____