FORM FOR REQUESTING A GRADE CHANGE
This form is to be used faculty to request a change of grade for Undergraduate or Graduate students.

It is requested that the grade for:

__________________________________________________
________________________
(Student’s Full Name) (Student’s EMPLID Number)

In

________________________________________________
(Course Department, Number & Section) (Course Title)

Given during the ___________ __________ semester, be changed from _________ to __________.

(Semester) (Year) (Original Grade) (New Grade)

The reason for this change:

______________________________________________________________________________________________________

(Instructor’s Printed Name) (Instructor’s Signature) (Date)

☐ The grade change is approved.
☐ The grade change is denied.

Approval of Associate Dean

Comments: ______________________________________________________

(Associate Dean’s Printed Name) (Associate Dean’s Signature) (Date)
ASSOCIATE DEAN: Submit signed form to the Manager of Student Records to complete the grade change.