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.