

Change of Grade Form

Office of the University Registrar

Last Name: _____

First Name: _____

Student ID #: _____

Term: FL SP SM

Course title and number: _____ Section Number: _____

Instructor: _____

Grade is to be changed from _____ to _____

Reason for Grade Change (required)

All grades become part of the permanent records of the University at the end of the tenth week of the semester (a proportional period of time in summer sessions) subsequent to that for which the grade was awarded. Following that, no grade may be changed without written approval of the dean of the school offering the course or the Program Director. This in no way affects the institutional policy regarding the grade of "Incomplete."

Instructor's Signature

Date

Associate Dean's Signature

Date

Processing: Present the completed form to the Office of the University Registrar

Date Received in Registrar's Office

Date Processed by Registrar's Office

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