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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