

This form is to be completed when a faculty member acts to alter a student's previously recorded final grade.

**To save or submit this form via email, please print the completed form to PDF**

### STUDENT PERSONAL INFORMATION

ID Number

Name Last, First, Middle

Address

Phone #

Email

### COURSE & INSTRUCTOR INFORMATION

Course Number, Section, & Title

Year & Term

Instructor Name

Department

### REQUEST FOR GRADE CHANGE DETAILS & RATIONALE

Currently Recorded Grade

New Grade to Record

Reason for requesting the change of grade:

Explanation:

(Must be completed if the reason selected above is Grade Calculation Error)

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar's Office Processing By

\_\_\_\_\_  
Date

#### OFFICE USE ONLY

(Indicate distribution date below)

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Registrar's Office

Revised 8/2024