Rev. 7-20-2011

SOUTHWESTERN ADVENTIST UNIVERSITY
REQUEST FOR A CHANGE OF A RECORDED GRADE

Student Information

Name: _____ ID # _____

Course Information

Academic Term and Year _____

Course Prefix/No./Title _____

Current Grade _____ to be changed to _____

Please describe the circumstances which make it necessary to request a change in a recorded grade.

_____ Date _____

Signature of the Instructor of the Course

_____ Date _____

Signature of the Chair of the Department Offering the Course

_____ Date _____

Signature of the VP for Academic Administration

This form should be turned into the Office of Admissions and Records.

For Office Use Only

Date Received _____

Date Grade Changed _____ Grade change validated by _____