



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 to a recorded grade.

 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 Date _____

This form should be submitted to the Office of the Registrar.

For Office Use Only

Date Received _____

Date Grade Changed _____

Grade change validated by _____