



REQUEST FOR CHANGE OF GRADE

(Must be initiated by an Instructor)

_____				_____
Student Name				Student ID
_____	_____	_____	_____	_____
Discipline	Number	Section	Semester (of original grade)	Year

_____	_____
Student Signature	Date

Reason for requested change or comments (Must be completed) _____

Original Grade _____ Grade Requested _____

_____ Approve	_____ Deny	_____
		Instructor's Signature Date

_____ Approve	_____ Deny	_____
		Academic Dean's Signature Date

_____ Approve	_____ Deny	_____
		Registrar's Signature Date

Recorded _____

Initial & date