

CHANGE OF GRADE

Student's Name: _____
Last First MI

Student ID Number : _____

Course Information:

Prefix and Section #: _____ Course Title: _____

Quarter/Semester course was taken: _____ Academic year course was taken: _____

Original Grade: _____ Change Grade to: _____

If "W," what was last date of attendance? _____

Reason for change: () Removal of Incomplete
() Miscalculation of Grade
() Other; please specify: _____

Complete all items; incomplete forms will be returned.

- Step 1: Instructor completes Grade Change form.
- Step 2: Send form to Department Chair for signature/approval.
- Step 3: Dept. Chair forwards approved form to the Enrollment Services Processing Center.

Please note: Form will not be accepted if delivered by the student.

Approval(s):

Instructor: _____ Date: _____

Department Chair: _____ Date: _____

For Office Use Only

Credit Hours: _____ CRT Entry: _____

Date Entered

Signature _____ "W" _____

Month / Year