

GRADE CHANGE FORM
F or WF to W GRADE
GRADUATES ONLY

Submit completed form to the Office of Academic Affairs.

Student's Name: _____ SSN or ID: _____

Section Number: _____ Course Number: _____ Course Name: _____

Semester or Term Taken: _____ Grade Originally Recorded: _____ Modified Grade: _____

Reason for Grade Change Request (Faculty member must be specific and detailed):

Instructor signature: _____ Date: _____

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Signatures of the following signify awareness of request:

Department Chair: _____ Date: _____

Dean: _____ Date: _____

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Provost/Vice President for Academic Affairs-Office Use Only

Decision: _____ Approved _____ Denied Provost Signature: _____
Date: _____

Rationale for decision: _____

Original to Registrar _____
Copy to Student and Graduate Committee _____

Admissions and Records-Office Use Only

Computer Grade Changed _____
Grade Sheet Notation Added _____ A&R Initials _____
Student Notified _____ Date completed _____

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