

**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: \_\_\_\_\_

.....  
Signatures of the following signify awareness of request:

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**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 \_\_\_\_\_