

**UNCONTESTED GRADE CHANGE FORM
UNDERGRADUATES ONLY**

Submit completed form to the Office of Admissions and Records.
Note deadline for grade change initiation.

Student's Name: _____ SSN or ID: _____

Date Grade Change was Initiated*: _____

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

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

Reason for Grade Change:

Error in Grading

By agreement between faculty member and student. Faculty member must provide complete explanation:

Note: ***Uncontested grade changes must be initiated within one calendar year of the semester in which the grade was issued**, (i.e., a fall semester grade must be initiated before the last day of the next fall semester, a spring semester grade must be initiated before the last day of the next spring semester, and a summer term grade must be initiated before the end of the next summer term).

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Student signature: _____

Signatures of the following signify approval:

Instructor: _____ Date Approved: _____

Department Chair: _____ Date approved: _____

Dean: _____ Date approved: _____

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Admissions and Records-Office Use Only

Initiation of grade change by deadline _____ Yes _____ No

Computer Grade Changed _____

Grade Sheet Notation Added _____

Student Notified _____

A&R Initials _____

Date completed _____