

GRADE CHANGE FORM
F or WF to W GRADE
GRADUATES ONLY

Submit completed form to the Office of Academic Affairs.

Student's Name: _____ ID Number: _____

Course Number: _____ Course Name: _____

Section Number: _____ 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 Records Office _____

Copy to Student _____

Copy to Graduate Committee _____

Records Office Use Only:

Accepted By: _____

Date: _____

Computer Updated By: _____

Date: _____