



# Grade Change Request Form

Please Type or Print.

**Student Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_  
Last name First Name Middle Name

**Semester:**  Fall  Spring  Summer **Year:** \_\_\_\_\_

**Reason for Grade Change:** \_\_\_\_\_

## Course Information:

Previous Grade	Course	Section	Course Title	New Grade

**Instructor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Instructor of Record

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Vice Provost for Academic Affairs

**Completed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Registrar's Office