Authorization for Change of Student Grade

(Send completed form to Office of the Registrar)

Name: _____
First Middle Last

Student ID: _____

Grade change from _____ to _____ Class Nbr: _____ Catalog Subject Number:_____

Semester and Year in which original grade was earned: Semester:_____ Year:_____

If the original grade was not an "Incomplete" state justification for the change:

_____

_____

_____ _____
Instructor's Approval Date

_____ _____
Dean's Approval Date

Signature not required if changing from grade of "I". (Senate Rules V 3.6)

For Office Use Only

Date Recd:_____

Initials:_____

Updated 6/2019