



Grade Change Request Form

Student Information:

Name: _____ Date Submitted to Records Office: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Country: _____

Course Information:

Semester: Fall 20____ Spring 20____ Summer 20____

Class Title: _____ Credit Hours: _____

Original Grade: _____ Requested New Grade: _____

Reason for Request (*Provide detailed basis for this request. Attach additional pages, as necessary.*)

Signature of Student: _____ Date: _____

Faculty Approval: Approved Denied for the following reasons: _____

Signature of Instructor: _____ Date: _____

Signature of Academic Advisor: _____ Date: _____

Signature of VPAA: _____ Date: _____

Signature of Registrar: _____ Date: _____