

Grade Change Request

Instructor: Complete and submit this form to your Department Chair. All changes are considered final.

Student Name

Student ID Number

Address

City State Zip

COURSE FOR WHICH REQUEST IS BEING MADE			
Section	Dept.	Course Number	Semester taken

SECTION A – Incomplete “I” Change or Extension
<input type="checkbox"/> Please change grade from “I” to _____.
<input type="checkbox"/> Please grant one semester extension to complete “I”.

SECTION B – Final Performance Grade Change (A, B, C, D, F Only)
Final performance grade should be changed from _____ to _____.
Justification for grade change: _____ _____ _____ _____

Request Initiated by:

Instructor Date

Approved by:

Department Chair Date

FOR ADMISSIONS USE ONLY	
_____ Posted by	_____ Date

SUBMIT ALL COPIES TO ADMISSIONS AND RECORDS