



GRADE CHANGE FORM

ALL FIELDS MUST BE FILLED OUT COMPLETELY

ORIGINAL SEMESTER _____

Grade Change Date _____

(Required)

*(Changes to grades **will not** be accepted **after one semester** has elapsed.)*

_____ STUDENT NAME		_____ ID NUMBER (REQUIRED)		
_____ FULL COURSE NUMBER	_____ COURSE TITLE	_____ CREDITS	_____ PREVIOUS GRADE	_____ NEW GRADE
REASON FOR GRADE CHANGE: (select one)				
<input type="checkbox"/> Document Clerical Error				
<input type="checkbox"/> Severe and Extenuating Circumstances (Prolonged Sickness or Death in Family)				
<input type="checkbox"/> Appeal Approved by Academic Affairs Committee				
Professor Comments (Required) – <u>Reasons for grade changes must comply with current school policy:</u>				

_____ PROFESSOR SIGNATURE (REQUIRED)		_____ DATE OF CHANGE		

FOR OFFICE USE ONLY:

___ QX ___ Date

___ Fin. Aid Copied

___ Paid?

___ Registrar Approved (if out of policy)