



Change of Grade Form

Student First Name:	Middle Name:	Last Name:
Student ID:	Phone Number:	
Course Name:	Course Number:	Instructor:
Semester:	Year:	
Original Grade:	New Grade:	
Date Completed:	Date Filed:	
Justification:		

ALL SIGNATURES INDICATED ARE REQUIRED FOR THIS CHANGE TO BE VALID. PLEASE
SUBMIT COMPLETED FORMS TO THE OFFICE OF THE REGISTRAR.

Initiated By:

Date:

Signature of Instructor

Approved By:

Date:

Signature of VP – Academic Affairs

Signature:

Date:

Signature of Registrar when Processed

COPY TO: **Registrar (original)**
 VP – Academic Affairs
 Faculty
 Student