GRADE CHANGE FORM

Student Name: ___________________________ Student ID: ___________________________

Instructors Name: ________________________________________________________________

Students Email: ___________________________ Phone #: _____________________________

Course Number: ___________________________ Course Name: __________________________

Original Grade Submitted: ___________________________ Amended Grade: _____________________________

Term: ___________________________ Year: ___________________________ Date: __________________________

Reason grade originally submitted was incorrect: Reason: __________________________

PROCESSING INSTRUCTIONS:
1. Fill out form
2. Print documentation
3. Attach form to documentation
4. Keep a copy of the signed form for your records
5. Submit from to the Registrar

**ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR’S OFFICE**

Registrar’s Use Only

Date of institutional Amended Grade: ___________________________ Signature: ___________________________