



Grade Change Request Form

First Name _____	Last Name _____
Student ID _____	Program _____
Email _____	Phone _____
CRN _____	Course Number & Section _____
Instructor _____	Meeting Time _____

Instructor:

- Approved, change grade from _____ to _____
- Denied (attach supporting documentation or provide explanation below)

Reason for approval or denial: _____

Reason for Grade Change:

- Completion of work for an Incomplete Grade
- Instructor Error
- Recalculated
- Other: _____

Instructor Signature: _____ Date: _____

Department Chair:

- Approved Denied

Reason for approval or denial: _____

Department Chair's Name: _____

Chair's Signature: _____ Date: _____

Admissions & Registration use only

Date Processed: _____ Initials: _____

Email sent to student

**INSTRUCTOR OR DEPT. CHAIR MUST SUBMIT COMPLETED FORM TO THE REGISTRAR'S OFFICE
FORMS SUBMITTED BY STUDENTS WILL NOT BE PROCESSED**