## **GRADE CHANGE FORM**

Instructors: To change a student's grade please fill out this form and return it to the Registrar's Office. The student and instructor will receive an email confirmation when the change has been posted.

		Date	
Student Name:			
Instructor Name:			
Course Title and Numbe	r:		
Term and Year Course V	Vas Offered:		
Grade Change from	to		
Justification for Grade Ch	nange:		
□ Error □ Removal of a □ Other (please	n "I" Grade e describe below)		
Required Signatures:			
Instructor		Date	
Dean of Academic Affairs		Date	
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	××××××××××××××××××××××××××××××××××××××	······································	······································
Date received	Date processed	Processed by	
Notan			



