REQUEST FOR CHANGE OF GRADE
(Has to be turned in by Instructor, will not accept from student)

I should like to record a change of grade for the following:

___________________________________________________________________________
STUDENT'S NAME     STUDENT ID #

___________________________________________________________________________
COURSE TITLE & NUMBER     CRN #

___________________________________________________________________________
SEMESTER/YEAR TAKEN

The grade should be ___________. This change is necessary for the following reason
(once a grade is recorded in the Registrar’s Office it cannot be changed except for clerical
error and then only with permission of the Department Chairman. Changes in Grade
allowed no later than five weeks after the start of the next semester except for
extenuating circumstances.)

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INSTRUCTOR’S SIGNATURE     DATE     DEPT CHAIR’S SIGNATURE     DATE

Revised 9-20-11

Office Use Only
Banner___________________   Transcript___________________   Grade Book___________________