



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.**)

Instructor Name (PRINT)

DATE

Dept Chair Name (Print)

DATE

INSTRUCTOR'S SIGNATURE

DATE

DEPT CHAIR'S SIGNATURE

DATE

Revised 1-20-21

Office Use Only

Banner _____ **Status Changed?** _____ **Hold entered/removed** _____