GRADE CHANGE REQUEST

STUDENT'S NAME: _____

SOCIAL SECURITY NUMBER: _____ SEMESTER AND YEAR: _____

COURSE NUMBER - SECTION NUMBER: _____

CURRENT GRADE IN RECORDS: _____ PROPOSED GRADE TO BE ASSIGNED: _____

INSTRUCTOR'S JUSTIFICATION FOR CHANGE:

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ATTACH ANY SUPPORTING DOCUMENTS

_____ _____ _____

INSTRUCTOR'S NAME OFFICE EXT. SIGNATURE

APPROVED _____ DENIED _____ _____

DEPARTMENT CHAIRPERSON

APPROVED _____ DENIED _____ _____

DEAN OF ARTS AND SCIENCES

INSTRUCTIONS: UPON ADMINISTRATIVE APPROVAL, THE INSTRUCTOR IS TO TAKE THE ORIGINAL REQUEST TO THE OFFICE OF ADMISSIONS/RECORDS FOR FINAL PROCESSING.

ORIGINAL: ADMISSIONS/RECORDS YELLOW: INSTRUCTOR PINK: DEAN

AR/PS 3 (REV. 05/94)