



GRADE CHANGE FORM

This form should be used to request a change of a previously reported final grade.

TODAY'S DATE: _____

COURSE TITLE: _____

TERM OFFERED: _____ Fall _____ Spring

ACADEMIC YEAR OFFERED: _____

STUDENT NAME: _____

GRADE PREVIOUSLY REPORTED: _____

REQUEST GRADE CHANGE TO: _____

EXPLANATION FOR CHANGE*: _____

SIGNATURE OF FACULTY+: _____

* A request to change a grade must be submitted with an explanation for the change (i.e., incomplete, clerical error, misunderstanding of faculty rules concerning the grading structure, etc.) and an assurance that the revised grade is consistent with the other grades assigned in the course.

+The faculty member responsible for the course must sign this form. Signatures from other staff affiliated with the course or department offering the course will not be accepted.