CHANGE OF GRADE FORM

NAME __________________________________________ ID # ______________________

Last    First    Initial

ADDRESS

Street Address

City    State    Zip

COURSE INFORMATION

DEPARTMENT AND NUMBER: _______________________________________________________

TITLE: _______________________________ Semester Hours ______________

SEMESTER AND YEAR TAKEN: ___________________________________________________

____________Original Grade _________ New Grade

NOTE: A credit/no credit cannot be changed to a letter grade.

Reason for Change: ____________________________________________________________

_____________________________________________________________________________ 

_____________________________________________________________________________

Instructor __________________________ Date __________________

Received by the Registrar’s Office ________________________________________________