Siena Heights University  
Adrian, Michigan  49221  
(517) 264-7121  

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____________________________________________________________________________

(Signature)                                                                                 (Printed)              Date  

Received by the Registrar’s Office _________________________________________________________