

## GRADE CHANGE REQUEST

**INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED FOR CORRECTION**

**INSTRUCTOR** - Please complete this form in its entirety. You can complete the fields on your computer and then print the form, or you can print the form and complete it by hand. Submit the completed form to the Office of the Academic Dean of the Academic Group offering the course.

Student's Name (Last, First, M.I.)

Academic Group in which Student is enrolled



Student ID

National ID

Career (Grad/Ugrd)

Term Taken

XXX - XX -



Subject

Catalog # (Course #)

Class #

Current Grade

Current Units

New Grade







**COMPLETE ONLY FOR MULTIPLE THESIS OR DISSERTATION CREDITS:**

Term	Units	# of Courses	Term	Units	# of Courses	Term	Units	# of Courses
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
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Reason for Change

Instructor's Name (please type or print)

Campus Address

Signature of Instructor and Date

Campus Phone Number

Signature of Academic Dean of the Academic Group offering course and Date

**FOR REGISTRAR'S OFFICE USE ONLY**

Recorded

Date

Verified