



## Grade Change Form

Office of the Registrar

Student ID # \_\_\_\_\_

Student name: \_\_\_\_\_

fall 20\_\_\_\_  spring 20\_\_\_\_  summer I 20\_\_\_\_  summer II 20\_\_\_\_

Course #: \_\_\_\_\_ Section # \_\_\_\_\_

Course title: \_\_\_\_\_

Instructor name: \_\_\_\_\_

**Posted Grade**

**Change to (revised) Grade**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Instructor signature*

\_\_\_\_\_  
*date*

***Will not be accepted without a signature***

**Submit to Academic Department**