

**CHANGE OF GRADE FORM**

**Please be sure all sections below are completed and submit this form to your Division Dean for approval. If approved, the Division Dean will submit to the Registrar's Office for grade change to be processed.**

STUDENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

COLLEGE ID #: \_\_\_\_\_

COURSE/SECTION #: \_\_\_\_\_ CRN #: \_\_\_\_\_ SEMESTER/YEAR: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

PREVIOUS GRADE: \_\_\_\_\_ NEW GRADE: \_\_\_\_\_

IF PREVIOUS GRADE WAS "I", INDICATE THE REASON FOR THE INCOMPLETE:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR CHANGE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTOR'S NAME (PLEASE PRINT): \_\_\_\_\_

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_ APPROVED \_\_\_\_ DISAPPROVED

DIVISION DEAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Registrar's Process Complete: \_\_\_\_\_

Initials/Date

Notes: \_\_\_\_\_