

REQUEST FOR "GRADE CHANGE" FORM

Date _____

STUDENT INFORMATION

Name: _____

Colleague Assigned# _____

Course Title: _____

Grade From

To

FACULTY INFORMATION

Name of Instructor: _____

Justification:

- _____ a. Removal of "I"
- _____ b. Miscalculation of Grade
- _____ c. Other – Attach explanation

Semester/Year when course was initially attempted _____

Faculty Signature

Vice President of Academic Affairs