

# GRADE CHANGE FORM

Please **print** the following information clearly and complete all sections:

STUDENT NAME: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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**Session:**    **Fall**        **Winter**        **Spring**        **Summer**        **Year** \_\_\_\_\_

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

Course Name \_\_\_\_\_

Grade change **from** \_\_\_\_\_ **to** \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approval by AD: \_\_\_\_\_ Date \_\_\_\_\_

Assistant / Dean of Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**All changes must be received by the Registrar's office, no later than the end of the first week of the quarter immediately following the recording of the original grade. It is the responsibility of the student to adjust his/her schedule if registered for a course for which a grade change form has/has not been submitted.**

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**Why is this change occurring?:**

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

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**FOR REGISTRAR OFFICE USE ONLY**

Date form **received** by Registrar \_\_\_\_\_ Degree Audit Updated \_\_\_\_\_  
Grade Changed \_\_\_\_\_ AP evaluation \_\_\_\_\_  
Transcript Updated \_\_\_\_\_ AP status report \_\_\_\_\_