

Change of Grade Form

Student & Course Information:

Student ID or Social Security Number:	Last Name:	First Name:	Middle Name:					
Course Prefix & Number:	Course Title:							
Semester & Year of Original Grade:								
Select Program:	CBTS	CHP-MSLS	CHP-PA	CHP-PT	CON	CPH	SCP	TCOM

Change Grade from _____ to _____

Reason for Change:

Instructor Signature:	Date: (mm/dd/yyyy)
Department Chair Signature:	Date: (mm/dd/yyyy)
Academic Dean Signature:	Date: (mm/dd/yyyy)

Procedure for Change of Grade:

1. Instructor/student obtains Change of Grade Form from the Academic Dean's Office or the Registrar and Student Records Office.
2. Instructor completes form, signs, and obtains Department Chair's signature.
3. Instructor delivers form to the Academic Dean's Office.
4. Academic Dean's Office signs the form and sends to the Registrar and Student Records Office for processing.

For Registrar's Use Only:

Grade Changed in EIS: _____