



GRADE CHANGE FORM

PLEASE COMPLETE FORM FOR TIMELY PROCESSING

Student's Name _____ ID # _____

CRN _____ Subject _____ Course _____ Sec _____

Title _____ Number of Credits _____

Original Grade _____ Term Taken _____

New Grade _____ Term Completed _____

Reason For Change _____

Faculty Signature _____ Date _____

REGISTRAR'S OFFICE USE

Computer Entry Date _____ Staff Initials _____

WHITE - Registrar's Office/ CANARY – Student/ PINK- Dean