



Grade Change Request Form*

Student's Full Name:..... ID#:.....

Faculty:..... Major:.....

Course:.....

	Title	Number	Semester/Year
Current Grade:			
New Revised Grade:			

Reasons for grade change (Please be as specific as possible and provide adequate documentation to justify your request)

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Instructor's Name:..... Signature:

Date:.....

<p>Approved <input type="checkbox"/> Denied <input type="checkbox"/></p> <p>Reasons for denial:</p> <p>.....</p> <p>.....</p> <p>Dean's Signature:..... Date:.....</p>
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*No grade may be changed after one calendar month from the last day of the final exams.

- CC: Advisor
 Department concerned
 Registrar's Office
 Student File Copy