

## Change of Grade Form

| Session     | Year  | Term                |
|-------------|-------|---------------------|
| ___ Regular | _____ | 1 <sup>st</sup> ___ |
| ___ Spring  | _____ | 2 <sup>nd</sup> ___ |
| ___ Summer  | _____ | Both ___            |

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

STUDENT NUMBER: \_\_\_\_\_

|  |   |   |
|--|---|---|
| REASON FOR CHANGE:<br>(Check one only) | <input type="checkbox"/> INCOMPLETE<br><input type="checkbox"/> DEFERRED<br><input type="checkbox"/> APPEAL | <input type="checkbox"/> SUPPLEMENTAL EXAM<br><input type="checkbox"/> RECORDING ERROR<br><input type="checkbox"/> CHALLENGE EXAM |
|--|---|---|

LATE SUBMISSION OF INCOMPLETE/DEFERRED: \* (Assigned Deadline Date has expired)

REASON FOR LATE SUBMISSION: \_\_\_\_\_

\* Approval of Registrar required

OTHER REASON: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DEPARTMENT/COURSE NUMBER: \_\_\_\_\_ SECTION: \_\_\_\_\_

TITLE: \_\_\_\_\_

PREVIOUSLY ASSIGNED GRADE: \_\_\_\_\_ NEW GRADE: \_\_\_\_\_

DATE: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Instructor

DATE: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Chair

DATE: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Dean

DATE: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Registrar (if applicable)

Completed forms to be submitted to Registrar's Office for processing.