

# Grade Change Form

\_\_\_\_\_ Date

\_\_\_\_\_ Student

\_\_\_\_\_ SS#

\_\_\_\_\_ Course

\_\_\_\_\_ Semester

\_\_\_\_\_ Year

\_\_\_\_\_ Instructor

Reason for Grade Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Incorrect Grade: \_\_\_\_\_

Correct Grade: \_\_\_\_\_

Approval: \_\_\_\_\_

Instructor

\_\_\_\_\_ Date

\_\_\_\_\_

Department Chair

\_\_\_\_\_ Date

\_\_\_\_\_

Associate Provost

\_\_\_\_\_ Date