

# REQUEST FOR "GRADE CHANGE" FORM

Date \_\_\_\_\_

## STUDENT INFORMATION

Name: \_\_\_\_\_

Colleague Assigned # \_\_\_\_\_

Course Title: \_\_\_\_\_

Grade From

To

\_\_\_\_\_

\_\_\_\_\_

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## FACULTY INFORMATION

Name of Instructor: \_\_\_\_\_

Justification:

- \_\_\_\_\_ a. Removal of "I"
- \_\_\_\_\_ b. Miscalculation of Grade
- \_\_\_\_\_ c. Other – Attach explanation

Semester/Year when course was initially attempted: \_\_\_\_\_

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Vice President of Academic Affairs