



GRADE CHANGE REPORT FORM

DATE: _____

INSTRUCTOR'S NAME: _____

The following student has (please select one of the following):

- Received an incorrect grade for the class indicated below. Please make the appropriate changes to this student's record that will reflect the new grade being submitted. Please provide an explanation below.
- Has now completed work for a grade that was turned in as INCOMPLETE. The date of completion specified by the Instructor on the Incomplete Grade Contract Form must coincide with the actual completion date. ***Incomplete grades must be completed within one month from the last day of class.***

Student's Name: _____

Student's ID Number: _____

Course Prefix & No/Section No.: _____

Semester Enrolled in Course: _____

Previous Grade: _____ New Grade: _____

Explanation: _____

Instructor's Signature

_____ Date _____

Dean's Signature

_____ Date _____

Vice President for Academic Affairs's Signature

_____ Date _____

(For Official Use Only)

Date entered in Registrar's Office _____

Initials _____ Revised