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

August 17, 2014