



GRADE CHANGE REQUEST

Student Name: _____ Student ID#: _____

Course Number: _____ Course Title: _____

Quarter / Year: _____ Instructor: _____

Grade before change _____ **Grade after change** _____

Reason

- Incorrect grade
- No grade
- Other: Please be specific

Grade Change Granted Not Granted

Signature of Instructor / Date	Signature of Dean of Academics / Date

Signature of Registrar / Date	Signature of Director of Finance / Date