Change Grade Form

Fill out this form and submit back to the Office of the Registrar:

Applicable term:  [ ] Summer _____  [ ] Fall _____  [ ] Spring _____

______________________________________________________________

Student Name ______________________________________________________

Student ID

Course Dept & No.  Section  Course Title  CRN

Initial grade: _______  Final grade: _______

Justification for change: ____________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Except in the case of removing an incomplete grade, a reason/justification such as “made up missing work/assignments” is not an acceptable rationale for a change.

Required Signatures:

_________________________________________________________________

Instructor Signature  Date

_________________________________________________________________

Registrar Signature  Date

Action taken:  Change made in Banner

Initials  Date