

Authorization For Change of Grade

Student's Name _____
First Middle Init. Last

Student Empl ID# _____

Course Dept., Number, and Section _____
(Example-STD 101-01)

Instructor _____

Semester and Year Course was Taken _____ 20 _____

Grade _____
Previous New

Reason for Change of Grade _____

Instructor's Signature _____ Date _____

Division Dean's Signature _____ Date _____

**A Grade of "W" must be approved by the Vice President of
Instruction and Student Services**

Vice President of Instruction and Student Services _____ Date _____

Records Office Use:
Change of Grade Recorded on _____ Date _____ by _____ Registrar _____