



Grade Change Form

Date

This is to certify that I, _____, wish to change the grade of _____, whose Social Security Number is _____ from a/an _____ to a/an _____ in _____, index number _____. This course was taught during the _____ semester of _____.

(Note: The time period of a grade appeal by a student is 10 days after the beginning of the next regularly scheduled semester in which the grade was given. The process should be finished within 5 weeks after the grade appeal is filed. Under no circumstances will a grade be changed after the next regularly scheduled semester has ended.)

Comments related to the grade change must follow, along with documentation supporting the request for the grade change:

Signature of faculty member requesting grade change: _____

____ Approved
____ Not Approved

____ Approved
____ Not Approved

Division Chair

Executive Vice President/Chief Academic Officer

Records Personnel Signature: _____ Date: _____