



This form must be completed by the professor or dean to change a student's grade. One form per grade change is required. Grade changes are **NOT** permitted after the award of a degree or certificate except for legitimate grade changes within the allowed grade appeal time period (see the [Grade Review and Appeal policy](#)).

**NOTE:** A grade change is **NOT** permissible for an audited course.

**STUDENT INFORMATION:**

Date: \_\_\_\_\_ Home Location: \_\_\_\_\_ DSI #: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**COURSE INFORMATION:**

Location Attending: \_\_\_\_\_ Session of Enrollment: \_\_\_\_\_  
 Course Number: \_\_\_\_\_ CRN Number: \_\_\_\_\_  
 Course Title: \_\_\_\_\_ Professor: \_\_\_\_\_

**GRADE INFORMATION:****Original Grade/Designator**

☐ A ☐ A- ☐ B+ ☒ B ☐ B- ☐ C+  
☐ C ☐ C- ☐ D+ ☐ D ☐ D- ☐ F  
☐ I ☐ S ☐ U Other: \_\_\_\_\_

**New Grade/Designator**

☒ A ☐ A- ☐ B+ ☐ B ☐ B- ☐ C+  
☐ C ☐ C- ☐ D+ ☐ D ☐ D- ☐ F  
☐ I ☐ S ☐ U Other: \_\_\_\_\_

**REASON FOR CHANGE:**

☒ Misclassification/Data Entry Error ☐ Make-Up Exam ☐ Second Review of Grade Appeal  
☐ Completion of Required Course Work Per Agreement ☐ Supplemental Exam  
☐ Other (Explain): \_\_\_\_\_

**DESCRIBE THE DETAILS OF THIS REQUEST BELOW (Use the attached documents that support the grade change.):**

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**SIGNATURES:**

Professor Name (print): \_\_\_\_\_  
 Professor Signature: Nick Baskley Date: \_\_\_\_\_  
 Appropriate Academic Administrator Name (print): \_\_\_\_\_  
 Appropriate Academic Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed form to:**

For Office	Form Received by (print name): _____	Date: _____
Use Only	Grade Change Completed by (print name): _____	Date: _____