



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 allotted 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: _____	
Last Name: _____		First Name: _____	
Email: _____		DSI #: _____	
		Phone #: _____	

COURSE INFORMATION:	
Location Attending: _____	Session of Enrollment: _____
Course Number: _____	CRN Number: _____
Course Title: _____	Professor: _____

GRADE INFORMATION:	
<b>Original Grade/Designator</b> <input type="checkbox"/> A <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B <input type="checkbox"/> B- <input type="checkbox"/> C+ <input type="checkbox"/> C <input type="checkbox"/> C- <input type="checkbox"/> D+ <input type="checkbox"/> D <input type="checkbox"/> D- <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> S <input type="checkbox"/> U   Other: _____	<b>New Grade/Designator</b> <input type="checkbox"/> A <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B <input type="checkbox"/> B- <input type="checkbox"/> C+ <input type="checkbox"/> C <input type="checkbox"/> C- <input type="checkbox"/> D+ <input type="checkbox"/> D <input type="checkbox"/> D- <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> S <input type="checkbox"/> U   Other: _____

REASON FOR CHANGE:	
<input type="checkbox"/> Miscalculation/Data Entry Error <input type="checkbox"/> Make-Up Exam <input type="checkbox"/> Second Review of Grade Appeal <input type="checkbox"/> Completion of Required Course Work Per Agreement <input type="checkbox"/> Supplemental Exam <input type="checkbox"/> Other (Explain): _____	

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

SIGNATURES:	
<b>Professor Name (print):</b> _____ <b>Professor Signature:</b> <span style="color: red;">Rick Barkley</span> _____ <b>Date:</b> _____ <b>Appropriate Academic Administrator Name (print):</b> _____ <b>Appropriate Academic Administrator Signature:</b> _____ <b>Date:</b> _____	

Send completed form to:			
<b>For Office Use Only</b>	Form Received by (print name):		Date:
	Grade Change Completed by (print name):		Date: