# Grade Change Request

Please complete and return to the Registrar’s Office. **Request will not be processed without ALL required signatures**

Date: ___________________________  
Student’s ID (917) ________________________________

Student’s Full Name ________________________________________________________________

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course Number</th>
<th>Section</th>
<th>Semester/Year Taken</th>
</tr>
</thead>
</table>

Original Grade: _____  
New Grade: * _____  
Last Date of Attendance: * ___________________________  

*Last date of attendance required if grade term is fall 2014 forward and new grade is I, U or F

Check One:  
- [ ] Removal of Incomplete – Date Work Completed: ________________________________
- [ ] Change of “NR” grade to a letter grade
- [ ] “I” to “F” – University Policy
- [ ] Factual error in grade – State reason for change below

State reason for change below: ____________________________________________________

**Approval:**

Instructor: ___________________________________  
Printed Name  
Signature  
Date

Department Chair: ___________________________________  
Printed Name  
Signature  
Date

**Registrar’s Office Use Only:**

Processed by: ___________________________________  Date: ____________________________

Revised 1/2015