

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 _____
Last First Middle

COURSE INFORMATION:

CRN Subject Course Number Section Semester/Year Taken

Original Grade: _____ New Grade: * _____ Last Date of Attendance: * _____
Month/Date/Year

*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

Approval:

Instructor: _____
Printed Name Signature Date

Department Chair: _____
Printed Name Signature Date

Registrar's Office Use Only:

Processed by: _____ Date: _____