



Change Of Grade Form

STUDENT/COURSE INFORMATION

THE STUDENT AND COURSE INFORMATION REQUESTED BELOW IS NECESSARY TO COMPLETE THE CHANGE OF GRADE. THE INFORMATION CAN BE REVIEWED ON THE SIS OR ON THE COPY OF THE GRADE ROSTER. INACCURATE AND/OR INCOMPLETE INFORMATION WILL DELAY THE PROCESSING OF THE CHANGE OF GRADE.

STUDENT NAME (LAST, FIRST, M.I.) _____

STUDENT SOCIAL SECURITY NUMBER _____

TERM _____

COURSE PREFIX/NUMBER/SECTION _____

CRN NUMBER _____

COURSE CREDIT HRS _____

COURSE START DATE _____ COURSE END DATE _____

PRINT NAME OF ORIGINAL INSTRUCTOR _____

REASON FOR GRADE CHANGE

THE CHANGE OF GRADE FORM IS TO BE INITIATED BY THE INSTRUCTOR TO REPORT A GRADE FOR THE STUDENT DIFFERENT FROM THE GRADE ORIGINALLY SUBMITTED ON THE GRADE ROSTER. OTHER THAN CHANGES FOR INCOMPLETE GRADES, THE UNIVERSITY ASSUMES SUCH CHANGES WILL OCCUR RARELY AND WITHIN A REASONABLE TIME PERIOD (SEE CATALOG/HANDBOOK).

PLEASE CHECK A REASON (1-4) OR WRITE A BRIEF EXPLANATION IN NUMBER 5.

- 1. "I" INCOMPLETE TO A GRADE _____
- 2. "NO GRADE" TO A GRADE _____
- 3. FINAL GRADE CALCULATION ERROR _____
- 4. OTHER ERROR IN ASSIGNING GRADE _____
- 5. OTHER _____

PRESENT GRADE ON SIS NEW GRADE

REQUIRED SIGNATURES. TWO SIGNATURES ARE REQUIRED TO VERIFY AND VALIDATE THE GRADE CHANGE AS INDICATED BELOW:

- 1. INSTRUCTOR AND DEAN/CENTER DIRECTOR OR DESIGNEE; OR,
- 2. IN THE EVENT THE ORIGINAL INSTRUCTOR IS NOT AVAILABLE, THE DEAN/CENTER DIRECTOR AND THE DESIGNEE.

1. INSTRUCTOR AND DEAN/CENTER DIRECTOR OR DESIGNEE.

(A) INSTRUCTOR SIGNATURE _____ DATE _____

(B) DEAN/CENTER DIRECTOR OR DESIGNEE SIGNATURE _____ DATE _____

OR

2. DEAN/CENTER DIRECTOR AND DESIGNEE.

(A) DEAN/CENTER DIRECTOR SIGNATURE _____ DATE _____

(B) DESIGNEE SIGNATURE _____ DATE _____

NOTE: IF THIS CHANGE IS BEING SUBMITTED BEFORE THE DEGREE CONFERRAL PROCESS, AND WILL IMPACT DEGREE CONFERRAL, PLEASE CALL THE DEGREE CONFERRAL AREA AT EXTENSION 7226 OR 7227.

FOR UNIVERSITY USE ONLY (SCHOOL/CENTER CHANGE OF INCOMPLETE GRADE FEE):

CHANGE OF GRADE CHARGE: _____ (2027) PAYMENT: CASH, CHECK, ETC. (99999) _____

DATE: _____ INITIALS: _____