



OFFICE OF STUDENT SERVICES

GRADE CHANGE FORM

Date: _____

Student Name: _____

Student ID #: T _____

Class:

CRN #	Prefix	Number	Section
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Semester:

Previous grade:

New Grade:

Instructor:

Rationale:

Instructor Signature_____
Department Head_____
Date processed in Office of Student Services_____
Chief Academic Officer_____
Audit Updated