



INSTRUCTOR: Save this PDF to your computer, open using Adobe Reader, complete, print, sign and submit to the Office of the Registrar.

This form is to be completed by the instructor of the course. For questions and information, please refer to your College's Grade Change Policy.

STUDENT INFORMATION

Name: Last First Middle

Student ID #: Date of Birth: College (check one): COP COM CHS Class of:

COURSE & GRADE INFORMATION

Term & Year: (Example: Fall YYYY, Spring YYYY)

Course Name & #: (Example: PHAR761, COM859, PSYC320, etc.)

Course Title:

Instructor's Name:

Original Grade of Earned Change to Grade of

The reason for the grade change is:

This section must be completed in order to process request. Use separate sheet if necessary.

Large empty rectangular box for providing the reason for the grade change.

Signature: Date:
Instructor

Signature: Date:
College Official

Table with 2 columns: College, College Official. Rows include College of Pharmacy, College of Medicine, and College of Health Sciences.

OFFICE OF THE REGISTRAR USE ONLY. Includes fields for Date Received, Date Processed, Processed By, checkboxes for S and DT, and a statement: A grade of has been posted on the academic record for the above named student. Updated 01/16 OR