



**REQUEST FOR CHANGE OF GRADE**  
*(Has to be turned in by Instructor, will not accept from student)*

**I should like to record a change of grade for the following:**

\_\_\_\_\_  
**STUDENT'S NAME**

\_\_\_\_\_  
**STUDENT ID #**

\_\_\_\_\_  
**COURSE TITLE & NUMBER**

\_\_\_\_\_  
**CRN #**

\_\_\_\_\_  
**SEMESTER/YEAR TAKEN**

The grade should be \_\_\_\_\_. This change is necessary for the following reason (once a grade is recorded in the Registrar's Office it cannot be changed except for clerical error and then only with permission of the Department Chairman. **Changes in Grade allowed no later than five weeks after the start of the next semester except for extenuating circumstances.**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**INSTRUCTOR'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DEPT CHAIR'S SIGNATURE**

\_\_\_\_\_  
**DATE**

Revised 9-20-11

**Office Use Only**

**Banner** \_\_\_\_\_

**Transcript** \_\_\_\_\_

**Grade Book** \_\_\_\_\_