# After completing, sign your name & submit to Eva Zajicek

## CHANGE OF GRADE

**The *Office of Academic Records* is authorized to change the grade for:**

____________________________________________________________

*Last Name* *First Name* *Middle Name*

____________________________

*Student Identification Number*

**who was enrolled in:**

_________________________________________________

*Course ID & section number* *Semester & Year*

**Please change the grade from _____________to ______________.**

**Reason for change:**_____________________________________________________

____________________________________________________________________

____________________________________________________________________

| | |
|---|---|
| ____________________________ | ____________________________ |
| *Instructor's Signature* *Date* | *Dean of College/School (course)* *Date* |
| ____________________________ | ____________________________ |
| *Department Chair* *Date* | *Dean of College/School (major)* *Date* |
| | ____________________________ |
| | *Dean of Graduate School* *Date* |

*—A copy will be returned to you when the change is completed in Academic Records—*

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**For Academic Records Use**

Terminal ( )
Grade Roll ( )
Copy returned to professor ( )

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*Date received in Academic Records*