

Change of Grade Form

Revised by Stacey Lundberg December 2018

Student's Name:	ID#:	Date:	
Semester grade was received:	Year:C	urrent semester:	Year:
Course Title:	Original (Grade:Grad	e Change:
Reason:			
Instructor Signature:		Date: _	
Dean of Academics:		Date: _	
Registrar Signature:		Date: _	
PASS Committee Review Date (if	f after four weeks):		

*The deadline for submission of a completed grade change form to the Registrar's office is four weeks after the end of the semester or summer session in which the student took the class. Otherwise, it must be reviewed by the PASS Committee.

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Year:Currer	nt semester:	Year:	
Original Grade	e:Grade	Grade Change:	
	Date:		
	Date:		
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