



Change of Grade Form
Revised by Stacey Lundberg December 2018

Student's Name: _____ **ID#:** _____ **Date:** _____

Semester grade was received: _____ **Year:** _____ **Current semester:** _____ **Year:** _____

Course Title: _____ **Original Grade:** _____ **Grade Change:** _____

Reason: _____

Instructor Signature: _____ **Date:** _____

Dean of Academics: _____ **Date:** _____

Registrar Signature: _____ **Date:** _____

PASS Committee Review Date (if 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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