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.

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 Signature: ___________________________ 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.