



**CHANGE OF GRADE FORM**

Student Name		Academic Year	
Student ID		Semester	
Major		College	

Course Code	
Course Title	
Section	
Instructor Name	

Reason for Grade Change	

Current Grade	New Grade

Instructor's Name		Date	
Instructor's Signature			

*Note: After signing, the Teacher should personally deliver this form to the Department Chair.*

Department Chair Name		Date	
Department Chair Signature			

Dean's Name		Date	
Dean's Signature			

Registration Officer Name		Date	
Registration Officer Signature			

copies: Green - Registrar Office Copy  
 White - Student Copy  
 Yellow - College Dean / Dept. Chair