



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's Name		Date	
Department Chair's Signature			

College Dean's Name		Date	
College Dean's Signature			

VRAA's Name		Date	
VRAA's Signature			

Registration Officer Name		Date	
Registration Officer Signature			

copies: Instructor  
Dept. Chair/College Dean  
Registrar's Office