



Grade Correction Form

1. Instructor/Faculty

Please change the grade for _____ ID# _____
First Name Last Name

In the class _____
PREFIX COURSE NO. CRN TITLE OF COURSE

Taken in the: Jan Mini Session Spring Summer Aug Mini Session Fall

of _____ from a grade of _____ to a grade of _____.
YEAR

My reason for changing this grade is:

INSTRUCTOR'S SIGNATURE

DATE

Please forward this form to your division chairperson for signature.

2. Division Chair

Approved, forward to Vice President for Academic Affairs

Disapproved. Return to instructor

DIVISION CHAIRPERSON'S SIGNATURE

DATE

Please forward this form to the Vice President for Academic Affairs

3. Vice President for Academic Affairs

Approved, forward to Registrar

Disapproved. Return to Instructor

VICE PRESIDENT FOR ACADEMIC AFFAIRS SIGNATURE

DATE

4. Registrar

The above grade change has been made on the transcript and all permanent records of the aforementioned student.

REGISTRAR'S SIGNATURE

DATE