Change of Grade Form

Date: ______________________

Student’s Full Name: ________________________________

ID#: ______________________________________________

Course Number and Name: ______________________________

CRN: _____________________________________________

Original Grade: ___________  New Grade: ___________ (please include Work Ethics grade)

Term taken: ______________________________

Choose one:  ☐ Incomplete Resolved  ☐ Instructor Correction

Date work completed: ______________________________

Remarks: __________________________________________

Instructor’s Signature ___________________________ Date ______

Dean’s Signature ___________________________ Date ______

For Office Use Only

Received by: __________________________ Date: ________________

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